

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

£ /=	pa	0	n. A	
16	1	U	1	

		1.7	-
Rog. Dist	. No	4	

1. PLACE OF DEATH: Balto	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn lufants give residence of mother)
City or town	Stale Rud County Balts
How long in above place of death?	(If outside city op town limits, write RURAL end give nearest town)
Hospital, Institution, or street address where teath occurred:	33 4:2-7 (1457
33 Fingt aux	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3.(a) FULL NAME Adam Abole	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	
Male White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH MOD 20 1946 16 2 M
8.(b) Name of Ausband or wife EH22 Abel	21. I CERTIEY that death occurred on the date above stated; that I allended deceased from
	3/06055 1990 10 20 1001 1996
7. Birth date of	and that I last saw h. f. m. alive on 19 Nov 5m 300 1846
Decesced (mo., day, yr.) / 2 6 / 3 - / 8 / 6	Immediate cause of death
8. AGE: Years Months Days If less than one day G 9 7min.	CERCECO HEMORENESE I WEEK
9. Birtholace Balto md.	Que to FRIERIOSCUSCOSIS
(Town, county, and state)	000 00.000
10. Ucual occupation THOMACOTA	Due to
11. Industry or business / J & O R - R.	
12. Name Alan Alan Alan Alan Alan Alan Alan Alan	Other conditions BROM CAMAR STEAMED 6 YEARS
	(Include pregnancy within 8 months of death)
14. Maiden name Mag OE Com a SET 22.	Major findings of operations.
≥ 15. Birthplace	Bale of op.
16. Informant MOS CI/KE GLEX	Autopsy results
Address 3 3 - 1 ot avy Landowne nd	PHYSICIAN: Please underline the cause to which death should be charged statistically.
3 1	22. VIOLENCE: If death was due to external causes, fill in the following:
(Bnrial, cremation, or removal, Whish?) Dale thereof (month) (flay) (year)	Accident, suicide, or homicide
Cemelery or cromatory London Park	Where did injury occur?
Location Balto Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Milhiam Cook Suc.	Means of injury injured at work?
Address 1/217 St. Paul st.	Edward this n. n.
11/22 x6 Ab/Habriel	23. SIGNATURE. M.,D. or other
(Date road by registrer)	682WASHINGTON BUD . 20 NOV96

2411 N. Charles St., Baltimore

10740

MARYLAND STATE DEPARTMENT OF HEALTH

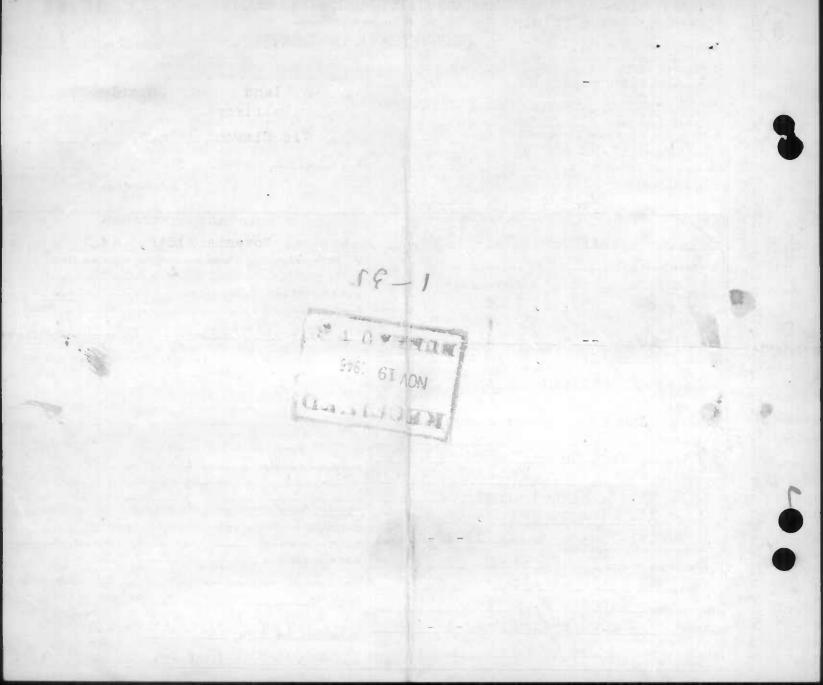
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARGIN RESERVED FOR BINDING

VS-A15

CERTIFICAT	TE OF DEATH Reg. Dist. No. 38
1. PLACE OF DEATH: County Baltimore City or town. Towson 4. Maryland (If outside city of town limits, write RURAL and give neerest town) How long in above place of death? May 79, 443 Hospital, Institution, or street address where doath occurred: Eudowood Sanatorium, Towson 4, Md. How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For, newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number 215-09-1971
4. Sax 5. Bolor or reset 6.(a) Singlo, married, widowod, or diverced Melly White Married 8.(b) Namo of husband or wife South All Sales All Sales All Sales South All Sales S	2D. DATE DF DEATH. Delicated and the date above clated; that I attended deceased from
8. AGE: Years Months Days If loss than one day Birthplace Deligation (Town, county, and state)	and that I lest saw have alive on Additionable Inmediate cause of death DURATION DURATION Due to 3.544
10. Usual occupation	Other conditions (Include pregnency within 3 months of death)
15. Birthplace Colorable	Major findings of operations. Date of op.
Address Eudowood Sanatorium, Towson4, M (Burlal, cremation, or removal, Which?) Cemetery or cremator, Market Mar	PHYSICIAN: Please underline the cause to which death should be charged sistingtonly.
18. Funeral directification of the state of	Injured et home, farm, Industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE. M. D. or other
(Date rec'd by registrar)	AddressTowson 4. Md. Dato signed //- 3-46

•• /		CERTIFICA	TE OF DEATH Rog.	Diat. No. 3 8
City or town(If o	imore-CVE altimore utside city or town li of dealh? streel address where t lmwood Ar institution?	venue	State Maryland county Ov City or town Raltimore (If outside city or towo limits, write RURA Street No. 716 Elmwood Avenue (If rural, give LOCATION) 2.(a) If veteran, name war.	erlea
J. (a) FULL HAM		yn Lydia Armstrong	3.(0) 50	cial Security Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICA	ATION
female	white	single	20. BATE BF BEATH November 15th,	19.46 at
7. Birlh dale of			21. I CENTIFY that death occurred on the date above staled; that 2 3 19 4 7 10 10 10 10 10 10 10 10 10 10 10 10 10	allended deceased from
8. AGE: Years		9, 1906 Days If less than one day	Immediate cause of death	DURAT
9. Birthplace	Retire School	ne, Maryland ed I Teacher ood Armstrong	Bue to.	Y.yrs
		ace Thomas	(Ioclude pregnancy within 3 months of deat Major fiadings of sperations	h)
16. Informani Mr	. J. Elwo	ood Armstrong d Avenue, Overlea	Antopsy results	ald be charged statistically.
17 Buria (Burial, cremation	or removal. Which?)	Bate thereot 11-18-46. (month) (day) (year) Parkwood	22. VIOLENCE: If death was due to external causes, till in the Accident, suicide, or homicide	Bate of
Location		Baltimore	Injured at home, farm, Industry, public place (where?)	
18. Funeral director	Leonard	J. Ruck	Means of injury injury	ed al work?
Address		rford Road-14-	a Lea Thehew	mD
19.11/18	19.46 ristrar)	a-M. Barow Registra	23. SIDHATURE CALL Parkers	M. D. or other Bate signed ///6



VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

18742 Reg. Diat. No.....

CERTIFICATE	OF	DEATH

County Baltimore	(For newborn infants give residence of mother)		
	State Maryland county Baltimore		
City or town Dundalk (If outside city or town limits, write RURAL and give nearest town)	Dundalk		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Mospital, Institution, or street address where death occurred:	Street No. 7013 Dunbar Road		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3.(g) FULL NAME	10/1/0 110 1 7		
	3. (b) Social Security Number		
James R. Baskette			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	20. DATE OF DEATH		
6.(b) Name of husband or wife Ninnie Baskette	21. I CENTIFY that death occurred on the date above stated; that I attended deceased from		
	Jan 21, 1945 19 , to 87 00 2 1846		
7. Sirth date of deceased (mo., day, yr.) March 28, 1872	and that last saw harmalive on 700 2 1946		
8. AGE: Years Months Bays It less than one day	Immediate cause of death		
	To evely and flow or hay 2 3 day		
74 7 4min.			
9. Birthplace Virginia (Town, county, and state)	Due to / 1 per Lenger Cardio - 5 years		
	vasallar durase-		
10. Usual occupation Carpenter	Dus to Turner alleged a arter a selection		
11. Industry or business			
12 Name Thomas Baskette	Market and the second		
	Diher conditions		
₹ 13. Birthplace Virginia	(Include pregnancy within 3 months of death)		
14. Maiden name	(include pregnancy within 3 months of death)		
14. Maiden name	Major findings of operations.		
16. Informant Roland Baskette	Autopsy results		
Address 2920 Salisbury Ave-19	PHYSICIAN: Flease underline the canse to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, eramation, or removal, Which?) Date thereof NOV. 5, 1946 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Oak Lawn	Where did injury occur? (City or town) (County) (State)		
Location Colgate, Md.	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?		
18. Funeral direct Julian Funeral Lome	meens of injury injured at work?		
Address / 2008 Orleans St.	23. SIGNATURE Lesca soil 7 Near MD		
11/11 1/6 2/11 /2010	23. SIGNATURE		
19	Address 7001 Molyring lon Rd, Dato signed 11-3-46.		
/) // negistrar	ABUTESS		

2411 N. Charles St., Baltimore (77-d

**	1	()	7	4	3

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: Gounty Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Catonsville (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 27 years, ll months, 29 days	State Maryland County Baltimore City or town Catonsville (If outside city or town limits, write RURAL end give nearest town)
Hospital, Institution, or street address where death occurred: Spring Grove State Hospital (Employee) How long in hospital or institution? 27 years, 11 months, 29 day	Street No. Spring Grove State Hospital (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Elmer Lacy Beagle	3. (b) Social Security Number
Male 5. Color or race 6.(a) Single, marfied, widowed, or divorced 6. White White William Divorced	MEDICAL CERTIFICATION 20, DATE OF DEATH MEDICAL CERTIFICATION 19 46 91 7 P
6.(b) Name of husband or wife. Lucy? Collins Beagle 6.(c) If allve, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
7. Birth date of deceased (mo., day, yr.) June 26, 1890	and that I last saw h
8. AGE: Years Months Days If less than one day 10	Alule Cardeae facture
9. Birthplace Staunton Virginia (15wn, county, and state) 10. Usual occupation Attendant 11. Industry or business Spring Grove State Hospital 12. Name Willtan Baker Beagle 13. Birthplace Laurel Hill, Va.	Due to Due to Due to Differ conditions Cinclude pregnancy within 3 months of degral
14. Malden name Cordelia Tanner 15. Birthplace Laurel Hill, Va.	Major findings of operations
18. Informant Hospital Records Address Baltimore 28, Md. 17. Burial Date thereof Nov. 9, 1946 (Burial, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory Laurel Hill Cemetery Location Laurel Hill Va. 18. Funeral director Laurel Hill Va. Address 1003 N. Baltimore St.	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

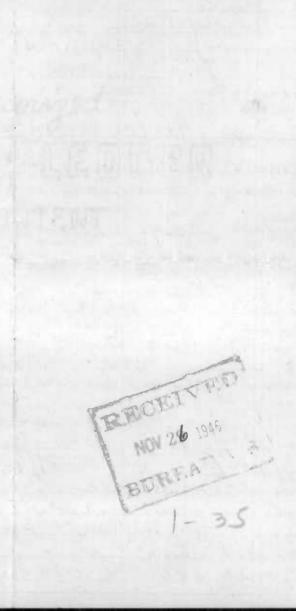
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

10744 Reg. Diat. No. 430

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Clare Perry Hall	State Multigland county Bulto:
(If outside city of town limits, write RURAL and give nearest town)	City or town (Loutside city of town limits, write RURAL and give nearest town)
How long In above place of death?	Pour Oue.
geus avei	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME CILLE R. Blek	3. (b) Social Security Number
4. Sex 5. Color derace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Hemale white undow	20. DATE DE DEATH / OVENVER 25, 46 at 11 P. M
6.(b) Name of husband or wife Paul & Becker	21. I CERTIFY Hal death occurred on the date above stated; that Latended daceased from
B.(c) If alive, give agoyears	Sefet, S 19 4 10 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7. Birth date of /Pn	and that I last saw he A affive on NO, V . 25
deceased (mo., day, yr.) 8 A.G.F. Years Months Days If less than one day	Immediate cause of death
8. AGE: Years Months Days If less than one day	Congressive Strate 2 Mos
	7,1000
9. Birthplace	Due to Jay Just Start Day 11 110 1
10. Usual occupation from duties	Due to.
11. Industry or business	DUE (U.
	Dther capefflory 7
12. Name Junuas Made	Cholleystills
14. Malden name Octavia Storubisher	(Include pregnance within 3 months of death)
15. Birtholace	Major findings of operations
16. Informant Margaret K. Slater	Antonsy results.
Address 2501 Roslyn ave.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
10 1 1 10073/11/	22. VIOLENCE: If death was due to external causes, fill in the following;
17	Accident, suicide, or homicide
Cemetery or crematory. Dallunose	Where did Injury occur?
Location with are V Jus Sti	Injured al home, farm, industry, public place (where?)
18. Funeral director of one O. authors of Louis	Means of Injury Injured at work?
Address 1900 Entaw Place	Later Hudson MI
. nov. 26 . 46 a. W. Helenel	23 SIGNATURE M. D. or other
(Date ree'd by registrar) Registrar	Address Date signed A. L. Date signed A. D



7:208.

BURATION

10 3()

18 412.

d atatistically.

. Supply every item of information carefully. The correct age please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING is especially important. Physic

o	
A15	-
VS	

CE	ERTIFICATE OF DEATH	Reg. Dist. No. 30/
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and given the mospital, institution, or street address where death occurred: Social Section 1. Section 1	Street No. S20	ME) OF DECEASED: sidence of mother) County
3.(a) FULL Effic Pegrl	Bedwell	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Singlo, married, widow	ved, or divorced MEDIC	CAL CERTIFICATION
Finale White Disor	20. DATE OF DEATH NO.	comber 3 1846 17:3
6.(b) Name of husband or wife Holace Lee B	21. I CERTIFY that death occurred on the ST years	the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) December 27,	1890 and that I last saw n	
8. AGE: Years Months Days If less than 55 10 7h	-of044f	
9. Birthplace (Town, county, and state)	Due to.	is Cardina
10. Usual occupation	Due to	lec Discos M
11. Industry or business	0	C.I. Hacker 10-
12. Name	Other conditions	
E 14. Maiden name Cecelia Collis	(Include pregnancy	within 3 months of death)
15. Birthplace Kentucky		Date ot op
16. Informant Hospital Recog	Autopsy results	cause to which death abould he charged statistically
17 (Burial, cremation, or removal, Which?) Dale thereof	ii) (day) (year)	Date ot
Cemetery or crematory	Where did Injury occur?(City	
Location Collegnore	Injured al home, farm, Industry, publi	
18. Funeral director. Alonard Type	Means of Injury	Injured all work?
Address 9305 Puliford	Mes 0 23. SIGNATURE Declar	M. D. or other
19. (Cate rec'd by registrar)	Registrar Address Spron Gro	Se Share Date signed 19-3

The

N. 27 E	200
Registered	No.

CERTIFICATI	E OF DEATH
1. PLACE OF DEATH: (a) Baltimore City, Maryland (b) Street address 413 Dumbarton Road (c) Hospital or institution Model (d) Length of stay in hospital or inst. (yrs., mos., or days) (e) Length of stay in Baltimore (yrs., mos., or days)	2. USUAL RESIDENCE OF DECEASED: (a) State
3 (a) FULL NAME ALBERTINA BEHM 3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION A. M
No None No. None	20. DATE OF DEATH November 21,946, at 10.46,1
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced. 1 dow 1 dow 6 (b) Name of husband or wife Carl Behm	21. I certify that death occurred on the date above stated; that lattended deceased from 1946 to Nov. 31 1946 and that I last saw have alive on Nov. 31 1946
7. Birth date of deceased (mo., day, yr.) April 7, 1884 8. AGE: Years Months Days If less than one day 62 7 14 hr. min. 9. Birthplace Baltimore, Maryland (Town, county, and state) Housewife	Immediate cause of death Tulmonary Takneulosis (Position Stutum.) Due to
II. Industry or business II. Industry or business II. Name Tjark Susemihl III. Industry or business III. Industry or business	Other Conditions Carcinomed Laboration (Include pregnincy within 8 months of death) 7 Date of operation: 9.39 Major findings of operation: death should be charged statistically.
16 (a) Informant Mr. Carl Behm (b) Address 413 Dumbarton Road	22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide
17 (a) Burial (b) Date thereof 11-25-46 (Burial, crercation, or removal) (month) (day) (year) (c) Cemetery or crematory Druid Ridge Cemet Location Baltimore, Maryland	place? While at work?
18 (a) Funeral director HENRY SANDER & SONS, I (b) Address NORTH AVE. & BROADWAY 19 (a) (Date rec'd by registrar) Registrar	(e) Means of injury 23. Signature Address. YO Horkey Bute signed Nov. Vill

VS A15

VS 150

The

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

ada .	1	137	71	7		
7	and the	() (-	5	4	
Reg.	Dist.	No.		J.	3 7	_

CERTIFICAT	E OF DEATH Reg. Dist. No	700
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infant) give residence of mother) State	ard No.
Stay in this community (yrs., or mos., or days)	2(a) IF VETERAN, NAME WAR	
3.(a) FULL NAME Thomas Bell	3. (b) Social Security	Number
4. Sex Male 5. Color grace 6.(a) Single, married, widewed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH 7 19 44	2 5 39 M
8 (b) Name of husband or wife	21. I CERTIFY that death occurred on the dato above stated; that I attended dece	ased from
T. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Bays It less than one day 9. Birthplace (Town, county, and state) 10. Usual occupation 11. Industry or business 12. Name ASS Bell 13. Birthplace Batto, 15. Birthplace Batto, 16. Informant Ass. Welliam Bell Address Asserting Bell Address Asserting Bell	and that I last saw halive an	PHYSICIAN Please underline the cause to which death should be charged statistically.
17. (Burial, cremation, or percoyal Which?) Cemetery or anomalory Location 18. Funeral director Address Date thereof Cath (month) (day) (year) Compared to the control of the contro	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, sulcide, or homicide Where did injury occur? (City or town) (County) Injured at home, farm, industry, public place (where?) Mieans of injury 1 injured at work?	MD DY
18, Store 1 1846 Coffeel & Feelow		or other

DEC 3 1946

BULLATION

2 - 25

2-350-2-10

2411 N. Charles St., Baltimore (832)

CERTIFICATE OF DEATH

1		-
(M	1
1	141	1
-	-	ø

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Т

1. PLACE OF DEATH: Balturage	2. USUAL RESIDENCE (HOME) OF DECEASE (For newborn infutts give residence of mother)	D:
County		Hunore
(If outside city or town limits, write RURAL and give nearest town)	70000	e4
How long In above place of death?	(If outside city or town limits, write RURA	L and give nearest town)
Hospital, Institution, or street address where death occurred:	Streef No. 305 Bost Ly August. (If rural, give LOCATION)	u.e.
How long in hospital or institution?	2.(a) If veteran, name war.	
3. (a) FULL NAME Alice Herbert Bowe	3. (b) So	cial Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICA	ATION
Female White Widowed	20. DATE OF DEATH NOVEMBEY 2,	
6.(b) Name of husband could Charles T. Bowen	21. I CERTIFY that death occurred on the date above stated; that	
7. Birth date of 7 / Section 1. Section 2. S	and that I last saw hun alive on LON /,	10×6
deceased (mo., day, yr.) Ully 15, 1860	Immediate cause of death.	
8. AGE: Years Mourths Days If less than one day	Q 1 1 1 1	
86 9 17min.	CHEWILLIA _	2 wh
9. Birthplace CatoMSMILE Balto. Ca., Md. a.	Due to.	4 ^ 4
1D. Usual occupation Housewife	- ANGO DITAINA	
11. Industry or business At Home	Due to.	
12. Name Gidella Herbert 13. Birthplace Penna.	Other conditions	
	(Include pregnancy within 8 months of deat	h)
14. Maiden name Lisa Neth Filmyer 15. Birthplace Penna.	Major findings of operations	
-4 -4 -4 -4 -4 -4 -4 -4 -4 -4 -4 -4 -4 -	02	te of op
16. Informant MIS a Start of D. Williams	Autopsy results.	
Address 312 W. Chesa. Ave., Towson, Md.	PHYSICIAN: Please underline the cause to which death shot	
17 Burial Date thereof NOU. 4 1946	22. VIOLENCE: If death was due to external causes, fill in the	
(Burlai, cremation, or removal, Which?) (month) (day) (yeur)	Accident, suicide, or homicide	
Cemetery or crematory ALALO KIOGE CEMETELY	Where did injury occur?(City or town) (Co	anty) (State)
Location PLEGIULISES MAXY LAGIS	Injured at home, farm, Industry, public place (where?)	
18. Funeral director. Jahrs Bussing Sanga	Means of injury Injury	d af work?
Address Town I Many and	K. 11/11/10.001	1 1
S WILL MI CONTON	SIGNATURE SIGNATURE	M. D. or other
19. Date ree'd by recistors	Lousey 4-1	Up 17/4/46

NOV 30 1946

2-380

2-10

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Char	rlea St., Baltimore 46-7
CERTIFICA	TE OF DEATH Reg. Diat. No. 38
A. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 30 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
3.(a) FULL NAME Eva Janetta	Bowers 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, who wed, or divorced American	MEDICAL CERTIFICATION 2D. DATE OF DEATH. 8 November 1946 at 3 20
8. (b) Hame of husband or wife	and that I last saw h. I alive on 19XI Immediate cause of death H. Europh Jather DURATION 1 day
9. Birthplace Balto (Town, county, and atate)	Due to metabolic coremona 3 ho
10. Usual occupation	Due to Prima Common of tomil 3 ho
12. Name Robert Gsalmond Mest	Diher conditions Trans
14. Malden name Hary and Butterfield 15. Birthplace West Indust	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Jessie Laylor African	Actopsy results
17. (Burlal, cremation, or removal. Which?) Dale thereof (month) (day) (year)	22. VIOLENCE: 14 death was due to external causes, till in the toilowing; Accident, suicide, or homeide
Comelery of crematory Safewas Locallon as long long long	Where did injury occur?
18. Funeral director Basmand Rucke Address 5305 Haryon Road	Means of Injury Injured at work? 23. SIGNATURE. Edward A. Mole M. D.
19. Nov. 11 19 46. Q.W. Hebrich a.S. Registra	7129 Harford Rd Nov

MARGIN RESERVED FOR BINDING

M

VS A15

age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (45-d)

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Baltismark	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother)
City or town (if outside city or town limits, write RURAL and give nearest town)	State Maryland County Baltimore City or town Jimonium
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town) Street No
How long in hospital or institution? 3 yr 11 mo. 5 de	(if rural, givo LOCATION) 2.(a) ti veteran, name war.
3.(a) FULL NAME Martin Bren	ale 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white Single	20. DATE OF DEATH NOV. 12 19.46 81 5 3 5 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) (let 7, 1878	and that t last saw h. Last allive on
8. AGE: Years Months Days It less than one day	Immediate cause of bath Lin our a - BURATION - 3 Mrs -
68 / 5min.	(Privary Rectal)
8. Birthplace (Town, county, and state)	Oue to
10. Usual occupation. Horse Moraes	Due to
11. Industry or business 12. Name Thermy Brendle	Dither conditions
13. Birthplace unkour	(include pregnancy within 3 months of death)
14. Malden name Catherine (runkourn) 15. Birthplace unkourn	(include pregnancy within 3 months of death) Major findings of operations
	Date of op
18. Interment Baltimacle, Home Register Address Lefax, md.	Autopay results PHYSICIAN: Please underline the cause to which death should be charged sintistically.
17. Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
cemetery or crematory. B. altimore County Home Con.	Where did injury occur?
Location Lefox md	trijurad at home, tarm, industry, public place (where?)
18. Funeral director. Landon Brooks	Means of Injury lojured at work?
Address Storks, ma.	23. SIGNATURE MUNICO (O. OWOT M.D. or other
19. Mars 13 1946 As 74 Letter Registrar	Address Cookey circle Md Date signed 11/18/46

9161 6T AON

OLA ALBOARI

2 - 21

2-0370

2-16

PLEASE

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

	- 1	11,3	51	
	100	7	OT	
		5	0	1
Reg. Di	at. No.			

CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) (If outside city or, How long in above place of death?..... Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution?... 2.(a) If veteran, name war...... 3. (a) FULL NAME 3. (b) Social Security Number 6.(a) Single. 7. Birth date of deceased (mo., day, yr.) DURATION 8. AGE: If less than one day 5 10. Usual occupation. 11. Industry or business 13. Birthplace (Include pregnancy within 8 months of death) 14. Maiden na 15. Birthplace Major findings of operations ... PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Date thereof... Accident, suicide, or homicide...... (month) (day) (year) Where did injury occur? (City or town) (County) Injured et home, farm, Industry, public place (where?) Injured at work? Means of Injury

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

4	-11	0	pay	-	0			
	1	U	1	C	100	2	-	
Reg.	D		D. T		-	5	0	1

CERTI	TTTO	ATER	OF	TOR' A	TITE I
CEKII		AIL	UF	ULA	TI

1. PLACE OF DEATI		ore		2. USUAL RESIDENCE (HOME) O (For newborn infants give residence of		
City of town(If outs	Catonsvilla (If outside city or town limits, write RUKAL and give nearest town)		URAL and give nearest town)	State Maryland County Valvert		
Spring G	rove Sta	te Hos	months, 1 day pital 9 months, 1 day	(If rural, give LOCATION)		
3. (a) FULL NAME		L. us/Bucl			3.(b) Social Security Number	
4. Sex 5	. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
male	white		single	20. DATE OF DEATHNovember	25 1946, at. 4 2 50a. M	
6.(b) Name of husband or v 7. Birth date of deceased (mo., day, yr.)			c) It alive, give ageyears	and that I last saw himalive on	44 10. November 251946 ovember 25	
8. AGE: Years 51	Months 4	Days 4	it less than one day	Immediate cases of death	iciency, chronic-indef.	
			y, Manyland	Due to Pulmonary tuber of	ulosis? indefinit	
10. Usual occupation 11. Industry or business	none	386		Due to.		
12. Name			er	Dther conditions		
13. Birthplace	Dorcus	Dentor	y, Maryland	(Include pregnancy within 8:		
15. Birthplace	Calver	t Count	y, Maryland		Dato ot op	
16. Informant			rds	Aotopsy results	hich death shoold be charged statistically.	
17Bu (Burial, cremation, or Cemelery or crematory	rial removal. Which?	Date ther	cot (month) (day) (year) Com.	22. VIOLENCE: If death was due to external car Accident, suicido, or homicióe Where did injury occur?	uses, fill in the tollowing;	
Location			***************************************	Injured at home, farm, Industry, public place (w	rhere?)	
18. Funeral director	Balto.		a bond	Tendora Tuan	k M.D	
19. //26	19 X (A	W/felicat	6	M. D. or other M. D. or other Date signed 11-25-46	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (22-22)

r.,	1	07	5,3	111
	Reg. Dist.		left.	70

			1
æ			}
1.	Ú	1	7
1		1	,



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

.45	
O.	
13	-
A	

CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEMI: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Ser 5. Color of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 2D. DATE DE DEATH 1946 21 4 P. M.
8. AGE: Years Months Days If less than one day hrs. min. 9. Birthplace Town, county and state)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 10. 11. 12. 3 19. 16. and that I last so held alive on 19. 17. 2. 3 19. 4.6. Immediate cause of death and facilities of a large of death and a
11. Industry or business 12. Name 13. Birthplace 14. Maiden name 15. Birthplace 16. Informant Address	Other conditions
17. (Burial, cremation, or reproval which?) Cemetery or crematory. Location	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

10754

2411 N. Charles St., Baltimore (83-0) CERTIFICATE OF DEATH

	Δ		
٩ľ	ā	Þ	-
- 10	Α.	Ų.	

Reg. Dtat. No. 33

1. PLACE OF DEATH: County. St. Georges City or fown. (If outside city or town limits, write RCRAL and give nearest town) How long in above place of death? Rospital, institution, or street address where death occurred: Bond & Central Avenues How long in hospital or institution? 3. (a) FULL NAME	state MG county Balto town) St. Georges (If outside city or town limits, write RURAL and give nearest town	
Walter Lightbourne Butler	3. (b) Social Security Number 216-01-4123 A	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced M M	MEDICAL CERTIFICATION 20. DATE OF DEATH. // November 19 46 of 2 A	
8.(b) Namo of husband or wife Augusta Weisheit Butler 8.(c) If alive, give age 51 years 7. Birth date of deceased (mo., day, yr.) March 21 1872	21. I CERTIFY that death occurred oo fhe date above stated: that I attended deceased from 18. 40, 10. 10. 10. 119. 46. and that I last saw h. 173. alive on. 8. N. av. 15. 4. 6.	
8. AGE: Years Months Bays If less than one day 74 7 22 hrsmin.	Cerebral Hemorrhage DURATION 2 mos.	
9. Birthplace St Michaels McCalbot County (Town, county, and state) Retired Engr 10. Usual occupation ————————————————————————————————————	Bue to.	
E 12. Name Christopher C Butler 13. Birthplace Virginia	Other conditions	
14. Malden name Sarah Jones 15. Birthplace StMichaels Md	(Include pregnancy within 3 months of death) Major findings of operations	
16. Informant Mrs Lillian B. Kurts Address 3310 Fait Ave Balto Md	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Burial Bate fhereof Nov 13 1946 (Burial, cromation, or removal, Which?) Cemetery or crematory Pleasant Grove Cemetery Location Boring Md	22. VIOLENCE: tf death was due fo exfernal causes, fill in the following: Accidenf, suicide, or homicide	
18. Funeral director Wm Berryman & Sons Address Reisterstown Md 18	Means of Injury Injured at work? 23. SIGNATURE D. T. Crishau M. D. or other M. D. or other	

10755

2411 N. Charles St., Baltimore 466

CERTIFIC	ATE OF DEATH Reg. Diat. No	
1. PLACE OF DEATH: County Salary Farkville City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give new Street No. 3 3 0 3 (If rural, give LOCATION)	serest town)
How long In hospital or Institution?	2.(a) If veteran, name war	***************************************
3. (a) FULL NAME Martin J. Car	llalan 3.(b) Social Security	Number
Mccle Missele Pradon	MEDICAL CERTIFICATION 20. DATE OF DEATH NOW 27 19. 76	
6.(b) Name of humanior wife Coccinion 8.(c) If alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended decreases and that I last saw h. J.M. alive on Mod. 2.7	7 19.46.
deceased (mo., day, yr.)	Immediate cause of death	_
8. AGE: Years Months Days If tess than one day	Casemous of Stonach	6mg
9. Birthplace	Due to	
1D. Usual occupation	Due to	•••••••••••
12. Name. Bosingh Ballahan 13. Birthplace	Other conditions Carries Carrelines Carrelines Carrelines	2. Indipal
14. Maiden name States	Unclude programmy within a postths of death) Major findings of operations.	10 yes.
Carrie de l'allalina	Date of op.	
Address 3303 Putty Hill Ce	PHYSICIAN: Please underline the cause to which death should be charged	
17		
Cemetery or crematory Avenue Salles Road	Where did Injury occur?	
1D. Funeral director John C. St. Olan	Means of Injury Injured at work?	
Address 3000 kBaltimor St	D 23. SIGNATURE Colors 7. Colles M.D.	or other
19. (Date re'd by registrar)	001 51	NN 22198

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-2)

CERTIFICATE OF DEATH

	All Property		
Reg. Di	t. No	3	7/

1. PLACE OF DEATH: County Butimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Maryland County Baltimore
City of town. (If outside city or town limits, write RURAL and give nearest town)	The -/ m
How iong in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address which death occurred: 3 altimer County Lame	Street No.
	(If rural, give LOCATION)
How long in hospital or institution? 5 4. g. mo. L. l.a.	2.(a) It veteran, name war.
3. (a) FULL NAME Harry Carrol	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white single	20. DATE OF DEATH November 10 19.46 at 3 P.M
	20. DATE OF DEATH
6.(b) Name of husband or wife	3 3 19 4 6
7. Birth date of	and that I last saw h. Mark. alive on
deceased (mo., day, yr.) July . 6, 18 72	Immediate cause of death DURATION
8. AGE: Years Mooths Days It less than one day	Cerebral Hemorrage 2 days
74 4 4hrsmln.	
9. Birtholace Ballimore, maryland	Que to arterio Selerosio
(Town, county, and state)	Hypertensegn -
10. Usual occupation Painter	Que to Sundity
11. Industry or business	
12. Name George Carrol	Dther conditions
12. Name Heage Carrol 13. Birthplace manhand	
14. Maiden name Nellia Hyland	(Include pregnancy within 8 months of death)
	Major findings of operations
2 1: 12 11 0 15	Date of op.
16. Interment Ballimore County Home Pagille	Autopsy results
Address Texas, nd.	
17. Berrial (Burlal, cremation, or removal. Which?) Date thereof. Wow. 11 1946. (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the tollowing:
4 6 11 6	Accident, suicide, or homicide
Cometery or crematory. Balto. Co., Home Cem.	Where did injury occur? (City or town) (County) (State)
Location Legas, md.	injured at home, tarm, industry, public place (where?)
18 Smaldware Landon Brooks	Means of Injury injured at work?
19. Funeral director.	(N. 6 7 1/2
Address Sparter, Yus.	23. SIGNATURE / KILLINEY O. Chisor. M. D
19. 1/11/46 1946 Wy S. Chileson	Quality M. D. or other
(Date/ree'd by registrar)	Address Date signed Life HO.

LARCEIVED. 1946 Tales BUREAUVE 2-370

	CERTIFICA	IE OF DEATH	Reg. Dist. No.	
1. PLACE OF DEATH: County Fort Howard, Md	•			
City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)		State Maryland County	***************************************	
(If outside city or town line	mits, write RURAL and give nearest town)	City or town Baltimore (If outside city or town limits, write R	***************************************	
How long in above place of death?Q.	Ays			
Vets. Adm. Hosp., 1		Sireel No. 1137 Valley St. (If rural, give LOCATION)		
How tong in hospital or institution? 6 de		2.(a) If veleran, name war	V.	
3. (a) FULL NAME			C . 1C . N 1	
	A CDV	3. (0) Social Security Number	
JOHN ARTHUR CI	(6.(a)Single, married, widowed, or divorced	11	NV 6-12	
		MEDICAL CERTIF	ICATION	
Male White	Married	20. DATE OF DEATH NOV. 20	1946., at5:35. P	
6.(b) Name of husband or wife Rhea	Clasby	21. I CERTIFY that death occurred on the date above stated;	that I altended deceased from	
U.V. Rame of Husband of Wile	61	Nov. 14 19 46	Nov. 20 19 46	
7. Birih date of	6.(c) If alive, give age 64. years	and that I last saw h . im alive on Nov. 20		
deceased (mo., day, yr.) Sept.	10, 1897	Immediate cause of death	OURATION	
8. AGE: Years Months	Days If less than one day	Acute and Chronic Infecti	ous	
49 2	10 hrs. min.	hepatitis		
s. Birlhplace Boston, Mass	S a county, and state)	Due to		
10. Usual occupation. Guard				
11. industry or business Edgewo		Oue to		
	od m gonar	77.1	3 3	
		Other conditions Edema of brain an	d Lungs 2 Days	
13. Birthplace Boston, Ma		(Include pregnancy within 3 months of	denth)	
E 14. Malden name O'Leary		Major findings of operations		
14. Maiden name O'Leary 15. Birthplace Boston, M	Mass			
Clinical Becom	rds, Vets. Adm. Hosp.	Autopsy results. Substantiated abo	VO.	
Et Hawand M.		PHYSICIAN: Please underline the cause to which death		
Addies2		22. VIOLENCE: If death was due to external causes, fill in		
17 Surial (Burial, Gremoval, Which?)	Oate thereof (month) (day) (year)			
		Accident, suicide, or homicide		
Cemelery of esemplosy. Ba		Where did injury occur?	(County) (State)	
Location	·· ma.	injured at home, farm, Industry, public place (where?)		
	Jan	Meens of Injury	Injured at work?	
		(D) . C	00	
Address St. Paul & Fre	ston Sts., Balto., Md.	23 SIGNATURE TO beat M. C.	illison	
19. (Date/rec'd hy registrar)	4. b Wadrick	23 SIGNATURE R.M. CULLISON, M.I). ULIM, D oddingr	
(Date rec'd hy registrar)	Registrar	Address V.A. Ft. Howard, Md.	Date signed	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS-A15

1897-9-10

Address.

MARGIN RESERVED

(Date rec'd by registrar)

NOV 16 1946

2-0440

2-10

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 372

CERTIFICATE OF DEATH

1('759 Reg. Dist. No. 38

1. PLACE OF DEATH: County. Baltimore, TOWSON, (If outside city or town limits, write RURAL and give nearest town) Row long in above place of death? Hospital, institution, or streef address where death occurred: 16 East Burke Ave. Row long in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Md Baltimore, State County Baltimore, City or town TOWSON, (If outside city or town limits, write RURAL and give nearest town) 16 East Burke Ave. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
James Curran,	
Male S. Color or race 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH NOVEMber 25, 1946
6.(b) Name of husband or wife. Catherine E. Curran, 6.(c) If alive, give age	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19. 46. to 11. 25. 19. 46. and that I last saw h. 11. 23. 19. 46.
8. AGE: Years Months Days If less than one day 77 8 21 hrsmin.	Immediato cause of death DURATION DURATION DURATION DURATION DURATION
Baltimore City, (Town, county, and state) 10. Usual occupation 11. Industry or business Fruit & Produce Business, Edward Curran, 13. Birthplace Ireland. Mary Hogan, 15. Birthplace Ireland.	Due to
16. Informant Mrs. Catherine E. Curran, Address 16 E. Burke Ave., Towson, Md.	Aulopsy results
Burial (Borial, cremation, or removal, Whichi) Cemetery or crematory Cathedral, Baltimore City, Location Bellimore City, 18. Funeral director below a common address 4611 Park Heights, Balto. Md. 19. (Date fee'd by registrar) Registrar Registrar	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, sutcide, or homicide

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /34

. 10760

CERTIFICATE OF DEATH

32 /

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give recidence of mother)	
County Baltimore	State Maryland County Wicomico	
City or fown	Salichier	
How long in above place of death? O yrs., 10 mos., 20 days	City or town (If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred: Mt. Wilson	Street No. 160 Davis Street	
Branch, Md. Tuberculosis Sanatorium	(If rural, give LOCATION)	
How long in hospital or institution? Oyrs 10mos 20days	2.(a) If veleran, name war.	
3. (a) FULL NAME	3. (b) Social Security Number	
Mr. Alvin Davis	# Unknown	
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Married	20. DATE DF DEATH. November 22, 19 46 at 10:15 A	
6.(b) Name of husband or wife Mrs. Esther Davis	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
	January 2, 19 46, 16 Nov. 22, 19 46	
7. Birth date of	and that I last saw h. imalive on November 22,	
deceased (mo., day, yr.) January 27, 1915	Immediate cause of death	
8. AGE: Years Months Days If less than one day	Pulmonary Tuberculosis 1 Yr.	
31 9 26min.		
9. Birthplace Snow Hill, Maryland (Town, county, and state)	Due to Tubercle Bacilli	
1D. Usual occupation Service Station Attendant		
	Due to.	
tt, industry or business	37	
12. Name Goldsboro Davis 13. Sirthplace Maryland	Other conditions None	
≥ 13. 8irthplace Maryland	(Include pregnancy within 3 months of death)	
14. Maiden name Adda Parsons	Major findings of operations. No operation	
14. Maiden name Adda Parsons 15. Birthplace Maryland		
Bir Alleria Desei a	Antopoy results No autopsy	
t6. Informant MI. a. ALVIII Davis	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address160 Davis St., Salisbury, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:	
Burial (Burial, cremation, or removal, Which?) Burial (Burial, cremation, or removal, Which?)		
	Accident, suicide, or homicide	
Cemetery or crematory Wango Meth. Church Cem.	Where did injury occur?	
Location Salisbury, Maryland	Injured at home, farm, industry, public place (where?)	
18. Funeral director Holloway Company	Means of Injury Injured at work?	
Address Salisbury, Maryland	At +1 Ma 1/0, mis	
	23. SIGNATURE Stewart & Shaffer nia.	
19. Nov. 22, 19 46 Cail 7. Webster (Date rec'd by registrar) Registrar	Address Mount Wilson, Md. Date signed 11/23/46.	

Red. 11-26-46

EROBITED TAW 27 1916 1 BUREAU VE

2 - - 320

1-10

	-
9-45-15	
15 5	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 80-6)

CERTIFICATE OF DEATH

	6		
	٩l	1	
6	2	3	

1 2 HOHAL DECIDENCE (LICAME) OF DECEASED.

FORT HOWARD . MARY LAND				(For newborn infants give residence of mother) State Maryland County	
(If outside city or town limits, write RURAL and give nearest town)				City or town Baltimore (If outside city or town limits, write RURAL and give nearest	
How long in above place of dealn? 45 minutes Hospital, Institution, or street address where death occurred: Veterans Administration, Fort Howard, Md. How long in hospital or institution? 45 minutes			Fort Howard Md.	(If outside city or town limits, write RURAL and give nearest Street No. 604. No. Fllwood Avenue (If rural, give LOGATION) 2.(a) If veteran, name war.	
3. (a) FULL NAM				3. (b) Social Security Num	nber
	y Foster I	leterl	v		
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	White	St	ngle	2B. DATE DF DEATH November 11 19 46 1	:45 P M
6.(b) Name of husband	or wife		N. H. alba a da a a a a	21. I CERTIFY that death occurred on the date above stated: that I attended deceased November 11 19.46 to November.	111946
deceased (mo., day,	yr.) 1/22/1	60	e) It alive, give ageyears	and that I last saw him alive onNovember 11,	DURATION
8. AGE: Years		Days	tf less than one day	ACCIE, ETICICAT, CADETINETAD	3 days
18	9	19	hrs. min.) dayo
9. Birthplace Baltimore Maryland 10. Usual occupation Student 11. Industry or business 12. Name Benjamin Dieterly				Due to	
12. Name Benjamin Dieterly 13. Birthplace Baltimore 14. Maiden name Gertrude Foster 15. Birthplace Baltimore 18. Informant Clinical Records				(Include pregnancy within 3 months of death) Major findings of operations.	
17 Burial	n, or removal. Which	Date ther	and eod Nov. 16 /46 (month) (day) (year) Lawn Cem.	22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide	
Location Balto. Md.			ilto. Md.	Injured at home, farm, Industry, public place (where?)	- 7
18. Funeral director. Phillip Herwig Sons Address Castle & Orleans Sts., Balto., Md.			Sts., Balto., Md.	Robert M. Cullison 23. SIGNATURE R.M. CULLISON, M.D. Clin. Dir	
11-14 11 (Essaleh - 6			Afgh G	Tra Frank Wanned Wd	L-12-46

(3	ly. The correct age degibly.
1	information carefully of death clearly and

ADING INK. Supply every item of i Physicians: please write the causes

WITH UNFA

is especially

PLEASEWRITE

MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Ba 10.	State Zuol County Balta.
City or town	
Now long in above place of death? 18 21-5	City or town (if outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	Street No. 9673 Belair RV
7673 Belair 198	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Arthur T. Donaldson	216-10-560
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE DE DEATH NOV. 2/35 19 46 at 1 P. M
6.(b) Name of husband or wife Christina Donaldson	
£.(c) If alive, give ageyears	and that I last saw h
7. Birth date of deceased (mo., day, yr.) June 10th 1876	Immediais cause of death
8. AGE: Years Months Days If less than one day	Immediate cause of death OURATION OURATION Supp.
70 5 11hrsmia.	
9. Birthplace Cayoll Co Md (Town, county, and state)	Due to CEREBRAL ARTERIOSCIERO
10. Usual occupation 3 victora	Due to
11. Industry or business	
E 12. Name Arthur M. Donaldson	Other conditions APTERIAL HYPERTENSION
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
15. Birthplace	Date of op.
16. Informant Mrs. A.T. Donaldsen	Antoney results
Address 7673 Belair 18d.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Bux 10. (Burial, cremation, or removal, Which?) Oate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Partwood	Where did injury occur? (City or town) (County) (State)
Location Balto. Md	Injured at home, farm, industry, public place (where?)
	Means of injury Injured at work?
18. Funeral director Land San have particular Henry	
Address 7 40 (Chelain Ord	- 23 SIGNATURE / The whacher A .
19. Mr. 22 1946 Ms. 9. I Pulsmon	23. SIGNATURE M. D. or other

FUREAU V.K

1 2411 N. Charles St., Baltimore 33-0

CERTIFICATE OF DEATH

	1	1	17	6	3,	,	1
Reg.	Dia	t.	No.		4	4	l

	Neg. Dist. 110
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)
City of town (If outside city or town limits, write RURAL and give nearest town)	State 272 . County Balto.
How long In above place of death?	City or lown gf outside city or town limits, write RURAL and give nearest town) Street No. (If rurat, give LOCATION)
How tong in hospital or institution?	2.(a) It veteran, name war
3.(a) FULL NAME Margaret ann	a Edwards 3. (b) Social Security Number
4. Sex Lenale Shite Married, widowed, or divorced Tenale Shite Married	MEDICAL CERTIFICATION 20. DATE DE DEATH
6.(b) Name of husband or wife. Thomas of Edwards 6.(c) If alive, give age. 4. 8. years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 19.47, to Nov. 29.19.46
7. Birth date of deceased (mo., day, yr.) Qcf. 26 - 1895	Immediate cause of death. DURATION
8. AGE: Years Months Days It less than one day	Cerepar / Heworahage Vhours
2/1 mad C mad.	Due to / Lypouten sion
9. Birthplace (Town, county, and atate) 10. Usual occupation	Due to.
11. Industry or business	Due 10.
12. Name Hes. m. Hardy 13. Birtholace Howard Co. Ind.	Other conditions
14. Maiden name Sarah meredith 15. Birtholace Howard Co. Sm. ct.	(Include pregnancy within 3 months of death) Major findings of operations.
15. Birtholace Howard Co. mel.	Date of op.
Address Ebenezer Rd. Chave md.	Autopsy results
B. 1. 10 10. 2-111	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide
(Burial, cremotion, or removal, Which?) Cemetery or crematory Date thereof. (month) (day) (year)	Where did injury occur?
Location mt. Civily md	Injured at home, farm, Industry, public place (where?)
18. Funeral director. John G. Connelly	Means of Injury Injured at work?
19 Alge 3- 197 6 John G. Connelly	23. SIGNATURE M. D. brother
(Date rec'd hy registror)	Address 815 Eachers Mr Date signed Mee 1, 1946

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

EC 3 1988

2-440- 1-10

2

2411 N. Charles St., Baltimore

	,	
(101	1
1	-	/

4. Sex

UNFADING INK. Supply every item of information carefully. The correct age ant. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING WRITE PLAINLY, WITH UNI is especially important.

ņ
J.

V15	ASE	18. Funeral director
VS V	PLE	19. // 2 / - 46 (Date rec'd by registrar)

CERTIFICATE	OF	DEAT	ŀ
-------------	----	------	---

			CERTIFICAT	L OI DEA	***	Reg. Dist. No	
1. PLACE OF DEA	ATH:	nora		2. USUAL RESIDE	NCE (HOME) OF	DECEASED:	
City or town(If o How long in above place Hospital, institution, or Spring	Catons of death?	Baltimore Cetonsville ty or town limits, write RURAL and give nearest town) I month, 2 days Idress where death occurred: Eve State Hospital One 1 month, 2 days		811 Essex Avenue			est town)
0. (0) 1 0 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		orge E	isman			S. (o) Botian Becaming .	
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	2D. DATE DF DEATH		RTIFICATION 7 19 46	6:15 a M
			11cm (c) If alive, give ageyears	October	1519	e stated; that I attended decear .46, toNovember aber17	171946
7. Birth date of deceased (mo., day, y 8. AGE: Years		7, 1879 Days	9 If less than one day hrs. min.	fmmediate cause of de	myocardial	insufficiency	DURATION indefinit
9. Birthplace	Baltin (Town,	nore C	i ty state)	Duo to Gener	alized arter ovescular di	iosclerotic sease	11
11. Industry or business 12. Name	1	ry stor Eisman	re	Other conditions	***************************************		
	Mary 1	Suh1		Major findings of oper	ations	nonths of death)	
16. Informant			-28, Maryland	Antopsy results PHYStCfAN: Please u	none	ich death should he charged s	tstistically.
17	n, or removal. Which?	Date the	(month) (day) (year)	Accident, suicide, or ho Where did injury occur	?(City or town)	Date of	(State)
18. Funeral director	Or D 4	Con	relly u, they 21, july	Means of Injury	Dealer Fr	Injured at work?	
18.11-11-4	6 19	John	m B. Cruelly			M. D. o	

			44
Dan	Dist	No	4

Date signed 11/4/46.

CERTIFICAT	TE OF DEATH Reg. Diat. No44	
1. PLACE OF DEATHS acto - 72	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City of town	City or town (If outside city or town limits, write RURAL and give nearest to	
Mospital, Institution, or street address where deeth occurred. Ask 110 - Net. Of t. Rd. at . new B.	(If rural, give LOCATION)	************
How long in hospital or institution?	2.(a) If veteran, name war	*************
3. (a) FULL NAME Elsie Peba Evans	3. (b) Social Security Number	er
Fenale Colored S.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20, DATE OF DEATH MOV. 9. 1946, 41	3 'A.
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above states: that I attended deceased to	m 19.46
7. Birth date of deceased (mo., day, yr.) Nov. 9. 1946.	and thet I last saw h	DURATION
8. AGE: Years Months Days If less than one day	Atalectasis 2	lus 10
9. Birthplace	Due to	
1D. Usuai occupation	Due to	
11. Industry or business 12. Name 12. Name 13. Birthpiace 13. Birthpiace 14. 15.	Other conditions	
14. Maiden name Marmida Evans. 15. Birthpiace Prince Edward Co. Va	(Include pregnancy within 3 months of death) Major findings of operations.	
15. Birthplace france Edward Co. Va	Date of op.	
18. Informant Address As su # 1.	Antopsy results	cally.
B . 1 2 2 2 9 - 41	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
(Burial, cremation, or removal. Wbich?) Cemetery or crematory. Methodist Com. (Cl.)	Where did injury occur? (City or town) (County) (Stat	e)
Location Ness Com & north Pt. Pr	Injured at home, farm, industry, public place (where?)	************
18. Funeral director John 9- Connelly	Means of Injury Injured at work?	0
Address 418 Eastern Core. Garen	23. SIGNATURE LOUIS n. Hollin. 14.	ul.
19. WN 9ch 19 Ub John I Connelly (Date rec'd by registrar) Registrar	Address & parrows Pt. ned . Date signed !!	9/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

DEC 4 1946

2-440- 2-10

2411 N. Charles St., Baltimore 186-00

OF DEATH

City or town ...

2.(a) If veteran, name war......

Means of injur

Address...

Injured at home, facts, industry, public place

rect :		CERTIFICAT	E OF	DEATH	
M)	e corri	1. PLACE OF DEATH:	Baltimore		L RESIDENCE
	E is	Cliv or fown	Catonsville	State	Maryland

City or town..

3. (a) FULL NAME

Catonsville (If outside city or town limits, write RURAL and give nearest town)

7 years, 5 months, 16 days How long to above place of death? Hospital, Institution, or street address where death occurred:

Spring Grove State Hospital

7 years, 5 months, 16 days

Mame Faturar

Injured at work?

M. D. or other

Reltimore
(If outside city or town limits, write RURAL and give nearest town)

(If rural, give LOCATION)

		.000	ану - а.	II I az		
		Color or race	ace 6.(a)Single, married, widowed, or divorced			
		white		widowed		
.(b) Name of	husband or v	vlfe				
. Birth date o deceased (n	if no., day, yr.)			c) If alive, give ageyears 9 1867		
. AGE:	Years	Months	Days	If less than one day		
	79	2	7	hrs. — min.		
. Birthplace			nown county, and	ctata)		
D. Usual occ	upation	?				
1. Industry o	r business	?		7.00		
	place	?				
13. Birth	place	3				
14. Mald	en name					
E 15. Birth	place	?				
l6, Informant		Hos	pital	records		
Address				1e-28, Maryland		
Rurial C	Lyvu	removal Whield?	Date the	reol 29-4 (month) (dy) (year)		
	r crematory.	Jou	celin	/ and		
Location			um	- //		
18. Funeral o	lirector.	luca	MA	Mommyo.		
Address		108U	Mon	7- 12 cello		
19. Date re-	c'd by regist	19 46		aw. Helies		

	MEDICAL CERTIFICAT	TION
2D. DATE OF DEATH	November 26	19. 46 at 4:35
	h occurred on the date above stated; that I a	
	allve on	
Due to	ath New Get Accident Idea pregnancy within 3 months of death)	uavi
	ationsDate	
	aderline the cause to which death should	
22. VIOLENCE: If dea Accident, suicide, or ho Where did injury occur	() (10 (10	Date of //-/

USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

3908 N. Charles Street

MARGIN RESERVED FOR BINDING

every item of information carefully ite the causes of death clearly and

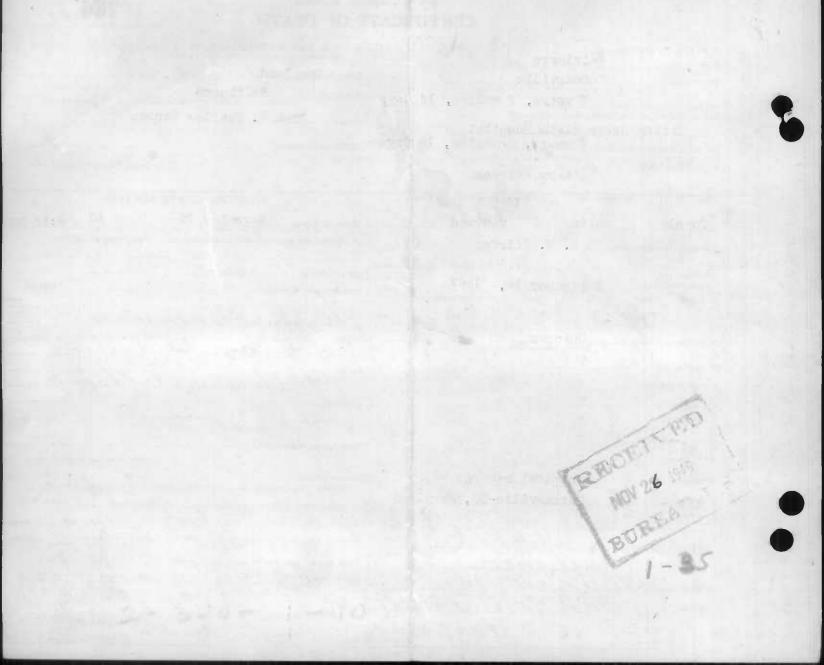
Supply

Physicians: please Ü

important.

is especially

PLEASE WRITE PLAINLY



MARYLAND STATE DEPARTMENT OF HEALTH 163 M

2411 N. Charles St., Baltimore

10767

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF D				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother)			
County	7 5 - 8	la-r	Ass.	State Md. county Balto.			
City or town(1	f outside city or town l	imite write I	CURAL and give nearest town)	City or town Near Glyndon (12 ontside city or town limits, write RURAL and give nearest town) Street No.			
How long in above pla	co of death?	4 yrs					
Mospital, Inetitution,	or etreet address where	death occurre	1:				
				(If rural, give LOCATION) 2.(a) If voteran, nams war			
Now long in hospital	or Inetitution?						
3. (a) FULL NAI	ME			3. (b) Social Security Number			
	0.0	17 h . me	s Fallen				
4. Sex	5. Color or race		e, married, widowed, or divorced	1			
				MEDICAL CERTIFICATION	A		
Male	White	Si	ngle	20. DATE OF DEATH JOVember 3) 19.4	16 4 6 154		
B 413 W 415	al an anter			21. I CERTIFY that doubt occurred on the date above stated; that I attende			
			000 000 0000 0000 0000 000 000 0000 0000	11-0-146 10 10 14-			
7. Birth dats of	************************	6.(c) II alive, givo sgeyears	and that I last saw h im all vo on not seen as			
deceased (mo., day		1914					
8. AGE: Yes	re Months	Daye	If leee than one day	Carpon Monoxiae Poisoning			
32		21	min.		2. Salta.		

9. Birthplace	altimore	C.1.T.V	itate)	Deo ta.	000000000000000000000000000000000000000		
4D Havel perupation	Jockey				***************************************		
		****************		Duo to	************************		
11. Industry or busing		72 7 2			100.000.000.000.000.000.000.000.000		
里 12. Name	homas Leo	Fall	on	Diher conditions			
₹ 13. Birthplace	Baltimor	e Cit	y				
14. Maiden name	Mary A.R	yan		(Include pregnancy within 3 months of death)			
6	Baltimor			Major findings of operations	***************************************		
				Date of op.	******************************		
18. Informant Th	omas Leo	Fallo	<u>n</u>	Antopsy results			
Addrese 56	07 Mervil	le Av	e.Balto.Md.	PHYSICIAN: Please underline the cause to which death should be ch	arged statistically.		
	7		Dec 2 1046	22. VIOLENCE: II death was due to external causes, fill in the following;			
(Burial, cremation	on, or removal. Which?)	Date there	Dec. 2, 1946 (month) (day) (year)	Accident, suicide, or homicide	11-30-146		
			al	Where did injury occur? Cly naon, Batto. (County)	Jary-Land		
	altimore		. *************************************	(City or town) (County)	(State)		
Location	ar crimore	O I UJ	***************************************	Injured at home, larm, industry, public place (whers?)			
18. Funoral director.	C. Vernon	Lemmo	n	Meane of Injury tojured at work	NO NO		
The second second			Ave.Baltimore	, 000			
				23. SIGNATURE D. D. Caples Mad.	axaminer		
19. 11 - 30	19.46		Ary B.F. LIME Rogistrar				
(Date rec'd by r	egistrar)		Registrar	Address Reisterstown. Md. Date at	med () -46		

RECHIVED DEC 4 19,6

All the Part of the Part of the Part of the 31 313 W. V. C. C. 13.

1-35

important.

PLEASE WRITE

NS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3-8

CERTIFICATE OF DEATH



10768 Reg. Diat. No.....

County	ltimore	Marvls	and	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County	,
How long in above place Hospital, institution, or	outside eity or town line 206 cof death? 206 street address where days and the either than the	cays	und URAL and give nearest town) : : : : : : : : : : : : : : : : : : :	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 507 S. Caroline St.	
How long in hospital or	r Institution? 20	6 days		2.(a) If veteran, name war World War I	
3. (a) FULL NAMI JAMES	E S L. FRANKI	IN		3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Single	o, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	Colored	Mari		20. DATE OF DEATH. November 28 19.46	. 6:21 A
6.(b) Name of husband	or wife. Sarah	Franl	clin	21. I CERTIFY that death occurred on the date above stated; that I atlended dec	ceased from
		6.(6	E) If alive, give ageyears	19	
7. Birth dato of deceased (mo., day,)	December	24.	1889	and that I last saw him alive on November 28	
8. AGE: Years	71.7	Days	If less than one day	TUBERCULOSIS CHRONIC PULMONARY	OURATION since
56	11	3	hrsmin.		5-6-46
				FAR ADVANCED	plus
9. BirthpiaceDA.	ltimore, Ma	ounty, and s	itate)	Oue fo	hras
to Havel assumption	Chef Coo	k			****
			.,	Ouo fo	
11. Industry or busines	eorge Frank	clin	(Dec.)		
E 12. Wanne	elaware	Name of the Art	1200.1	Other conditions	***
			(Dec.)	(Include pregnancy within 3 months of death)	
HLOW 14. Maiden name.	Esther Co	ncress	(200.)	Major findings of operations	
2 15. Birthplace	Pennsylva	118			
16 Informant Cl	in. Rec. Ve	ts. A	dm. Hospital	Antopsy results	************
	rt Howard,			PHYSICIAN: Please underline the cause to which death should be charge	d statistically.
Mulitas			1 1	22. VIOLENCE: If death was due to external causes, fill in the following:	
17 BUT 181	n, or removal. Which?)	Oafe fher	eol 12/3/46 (month) (day) (year)	Accident, suicide, or homicide	
			ational	Where did Injury occur?	(State)
Location	Baltimo	re, M	Q.a	Injured at home, farm, Industry, public place (where?)	
				Means of injury Injured at work?	
				Dobest m Cullison	
Address 1010	Orleans St	, 5a	7	23 SIGNATURE R.M. CULLISON, M.D., CLI	N DIR
19. (Date rec'd by re	Pgistrar)	2 0	Registrar	TY 1	

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

CERTIFICATE OF DEATH

107643/0 Reg. Diat. No.

1. PLACE OF DEATH: A Street	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infant) give residence of mother)		
County	State Md. county Baltimore		
(If outside city or town limits, write RURAL and give nearest town)	l. Madella Tari		
How long in above place of death?	City or town (If outside city of town limits, write RURAL and give nearest town)		
Mospital, Institution, or street address where death occurred:	Street No. 6.03 (If rotal, give LOCATION)		
Now long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Budget Mary E	Jackly		
4. Sax 5. Color or race 8.(a) Single, married, wildowed, or divorted	MEDICAL CERTIFICATION		
t. W. Widow	2D. DATE DF DEATH. 19 6 ,21 3 45 M		
8.(b) Name of husband or wifs.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	8/12 19 76 to 11 6		
7. Birth date of deceased (mo., day, yr.) acc 4, 1.869	and that I last saw h. S.Y. alive on		
8. AGE: Years Months Days If less than one day	Immediate cause of death Duration		
7.7 D			
reland	Due to Myoudine Failine		
9. Birthplace	a sail antione		
to. Usual occupation	cue to Os - R Delia &		
1t. Industry or business y			
12. Name Delaud 13. Birtholace Land	Dther conditions		
	(Include pregnancy within 3 months of death)		
t4. Maiden name Mulg Monesey 15. Sirthplace	Major findings of operations.		
2 15. Birthplace Sulfand	Date of op.		
16. Informant Williams D. Faierty	Autopsy results		
Address 153 Collins ave	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17 Bunal Date thereof 11-9-1946	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burlal, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory	Where did injury occur?		
Location Baltimore, Recl.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director Flores & Felenging	Mesns of Injury Injured at work?		
Address 1426 Cill Ali	(has fortain or		
116 16 141 161	23. SIGNATURE M. D. or edingr_/		
(Date rec'd by registrar)	Address 933 W. Dallo, IT Date signed 1/6/46		

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10770

CERTIFICAT	E OF DEATH Reg. Dist. No. 3/
1. PLACE OF DEATH: County (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Manager County County Clip or town limits, write RURAL and give nearest town) Street No. County Clip or town limits, write RURAL and give nearest town) (If rural, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME Con George	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widoyfed, or divorced 6.(b) Name of husband or wife	MEDICAL CERTIFICATION 20. DATE OF DEATH 21. I GERTIFY that death occurred on the date above slaled: that I atlended deceased from 19 10 10 10 10 10 10 10 10 10 10 10 10 10
14. Maiden name 15. Birthplace 16. Informacy Address Address 17. (Burial, cremation, or reployal. Which?) Cemelery or crematory Location 18. Funeral directory Address Address 19. (Date ree'd by regristrar)	Major findings ul operationa Dale of op. Autopsy results. PHYSICIAN: Please underline the cause te which death should be charged statistically. 22. VIOLENCE: tl death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) tajured at home, farm, industry, public place (where?) Means of injury injured at work? 23. SIGNATURE M. D. or other Address and Allstrin My Date signed

56-6 BUREAUTE 906T 9 030 RECELLE

MARGIN

VS A15

PL

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95-0

CERTIFICATE OF DEATH

					A HOUSE DECIDENCE (LECASE) OF DECEASED.	
1. PLACE OF	DEATH	:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
					Slate Maryland County	
				URAL and give nearest town)		
How long in above	place of de	ath? 2.1	days		City or town Baltimore (1f outside city or town limits, write RURAL and give n	earest town)
Hospital, Instituti					Street No. 3214 Elgin Avenue (If rural, give LOCATION)	
Vetera	ns Ad	ministr	tion,	Fort Howard, Md.	(If rural, give LOCATION)	
		lution?21	days		2.(a) 11 veteran, name war. World War (10)	
3. (a) FULL 1	NAME				3. (b) Social Security	y Number
V4	ncent	Geroch	tar			
4. Sex	5.	Geragh	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male		White	St	ngle	20. DATE OF DEATH November 11 19.46.	. 8.20 Pm
METE		unite	, 61	ng-re-	21. I CERTIFY that death occurred on the date above stated: that I altended de-	
6.(b) Name of hu	shand or wi	te			21. I CERTIFY that death occurred on the date above stated: that I alterded dec	
***************************************			6.(6	e) It alive, give ageyears	and that I last saw h _ im alive on _November _ l	
7. Birth date of deceased (mo.		1/7/18			II	
8. AGE:	Years	Months	Days	It less than one day	Failure of right ventricle Cor	
0	~~		,	hrsmin,		
	53	10	14		pulinonale	Unknown
9. 9irthplace	Balti	more, M	ary land	itate)	Due to Pulmonary fibrosis and	40 0
					emphysema	Unknown
		hal dalaktiraha dala	***********************	***************************************	Due to	
11. Industry or b						
E.			aghty		Dther conditions Obesity: Chr. bronchitis	•••
		land			(Include pregnancy within 3 months of death)	
14. Maiden 15. Birlhpla	name.Ka:	te Dougl	nerty G	eraghty	Major findings of operations.	
TO TE Rielhola	Tm.	eland			Major findings of operations	
					Astopsy results. Substantiated above	
16. Informant		ical Ke	cords		PHYSICIAN: Please underline the cause to which death should be charge	d statistically.
Address	Fort	Howard	, Maryl	and	22. VIOLENCE: t1 death was due to external causes, fill in the following:	
17(Burial, crem	Buri	ลไ	Date then	eol(month) (day) (year)	Accident, suicide, or homicide	
Cemetery or c	rematory	Par V. G.	illi -		Where did injury occur?	
Locatio	ecs-(oth.	dist	Cena.	Injured at home, farm, industry, public place (where?)	
		rtin F	ohow		Means of injury Injured at work?	
18. Funeral dire	T.3 =1	t St	Bolti.	more, Md.	01 000	
Address	TITEL	10 00.,	Daloi	more, ma	23. SIGNATURE Robert M. Cullis	Lon
11-	13	46	Ides	Staduels	R. M. CULLISON, M.D. CLINM.	Tigther
Date rec'd	by registr	nr) 4	0	Registrar	Address V.A. Ft. Howard, Md. Bate signer	1.11-12-46

MARGIN RESERVED FOR BINDING

VS A15

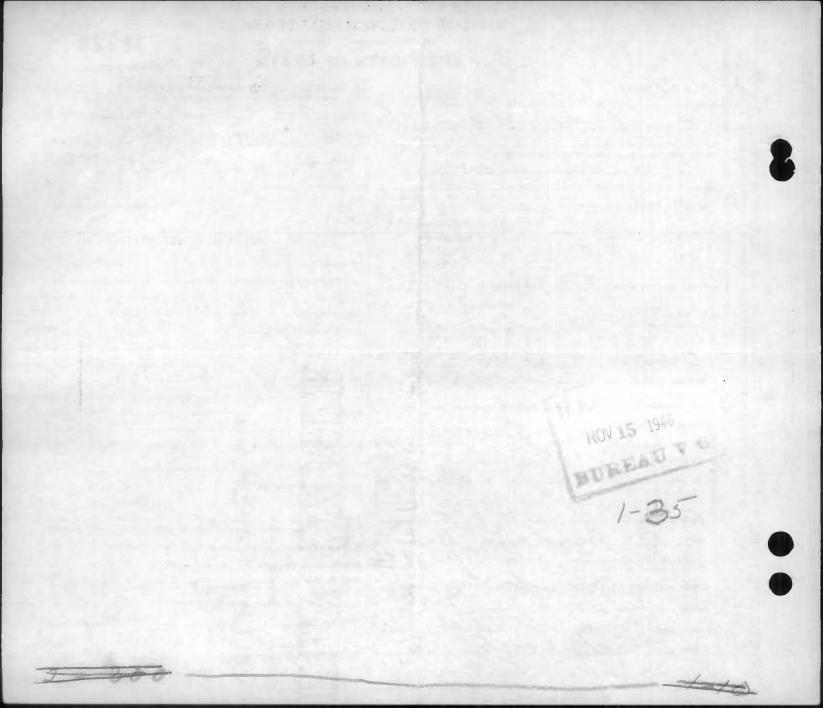
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

CERTIFICATE OF DEATH

1(772 Reg. Diat. No. 301

CERTIFICAL	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME Charles H	Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH PROCESSION 12 1946 21 7.30 A. M
8.(b) Name of husbaod or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1946, to 210 200 200 200 200 200 200 200 200 200
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
9. Birthplace	Due to Farmaly or Unional 7.
11. Industry or business 12. Name O all sylventy 13. Birthplace	Other conditions
14. Malden name	(Include pregnoncy within 3 months of deeth) Major findings of operations
16. Information of when M foonts	Autopsy results
Address 3/9 4 Code 17	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location	Where did injury occur?
18. Funeral director. Carlos ville High	Means of Injury Injured at work? 23. SIGNATURE 23. SIGNATURE 23. SIGNATURE 24. SIGNATURE 25. SIGNATURE 26. SIGNATURE 27. SIGNATURE 27. SIGNATURE 28. SIGNATURE 29. SIGNATURE 29. SIGNATURE 20. SIGNATURE 2
19. // 14 19. 16 A ANNUL Million (Date rec'd by recistrar)	M. D. or other Address Caloresville - 28, 24. Pate signed 1/- 1/3 - 4/6



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

a	5-00	
V	2.0	

1(773

Reg. Dist. No.

CERTIFICATE OF DEATH

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
(If outside city or town limits, write RURAL and give nearest town)	State County County		
low long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
fospital, institution, or street address where death occurred:	Street No. (If rural, give LOCATION)		
low long in hospital or institution?	2.(a) If veteran, name war		
B. (a) FULL NAME andrew Green	3. (b) Social Security Number		
Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
me	2D. DATE DE DEATH November 14 1946 at 1 4 M		
(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	november 14, 219 46 to November 14, 19.46		
1. Birth date of	and that I last saw h alive on the same alive of		
deceased (mo., day, yr.) (leg 27, 1146	Immediate cause of death Cardian Failure DURATION		
3. AGE: Years Months (Days If less than one day			
2 /9hrsmin.			
Birthplace Turner Station (Rittle)	Due to.		
D. Usual occupation			
1. Industry or business	Due to		
12. Name Llu Green	Dther conditions		
13. Birthplace	(Include pregnancy within 8 months of death)		
14. Malden name Curery Wattor	(Include pregnancy within 8 months of death) Major findings of operations		
El 15. Birthplace	Date of op.		
16. informant Lew Thelm (7)	Autopsy results		
Address 116 Carver Tran	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
(Burial, cremation, or removal. Which?) Date thereof. //// 6/46 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Cemetery or crematory Ant Aulum	Where did injury occur?		
Location Doubts City	Injured at home, farm, industry, public place (where?)		
18. Funeral director Search & Orion Man	Means of Injury Injured at work?		
Address 108 W monlyoning of	23. SIGNATURE Shelliam Q-96le M.D.		
11-15 to Chis frank	M. D. or other		
9. (Date rec'd by registrar) Registrar	Address 140 Oak Ove Date signed 11-14-46		

correct age

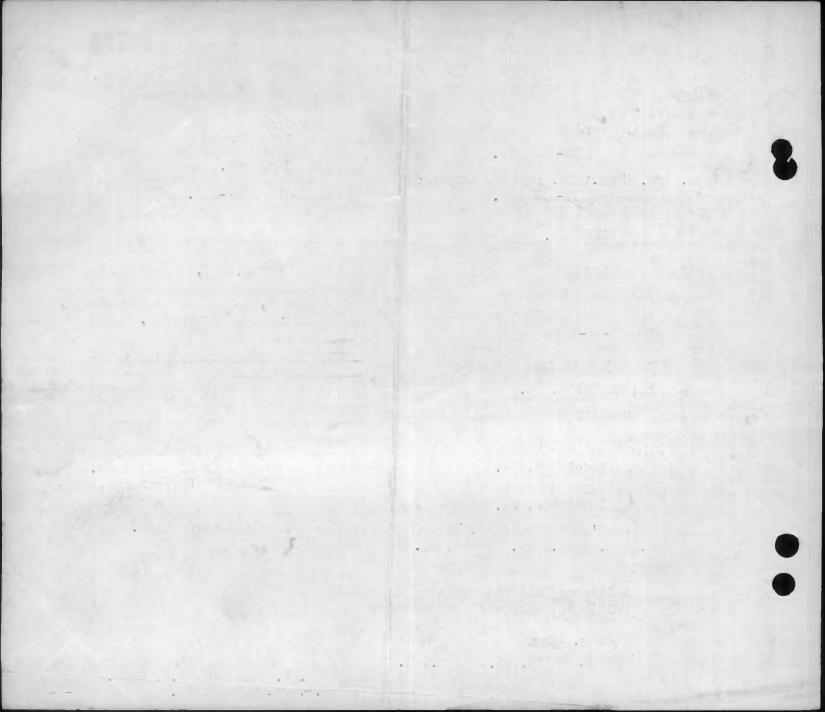
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

-
10011
(94co

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
City or lown Fort Howard (If outside city or town limits, write RURAL and give nearest town)	991 A TT 3
How long in above place of death? 12-1/2 Hrs.	City or town
Hospilal, institution, or street address where death occurred: Vets. Adm. Hosp., Ft. Howard, Maryland	Streel No. 12 Blank Ave., (If rural, give LOOATION)
How long in hospital or institution? 12-1/2 Hrs.	2.(a) If veteran, name war SAW Ret.
3. (a) FULL NAME	3. (b) Social Security Number
GEORGE D. GRUNINGER	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE DF DEATH November 8, 1846 at 7:30A
6.(b) Name of hysyapt /o/wite Anna Gruninger	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from November 7, 18.46, to November 8, 19.46
7. Birth date of 7 04 3 07/	and that I last saw h. im alive on November 8, 1946
deceased (mo., day, yr.) 7-26-1874 8 A.F. Years Months Days If less than one day	Immediaic cause of death
o. Aut.	Coronary Arteriosclerosis; Infarct
72 3 12hrsmin.	of left ventricle Unknown
9. Birthplace Philadelphia Pa. (Town, county, and state)	Due to
10. Usual occupation Unemployed	Bus in
11. Industry or business	oue to
	Diher conditions Thrombosis of pulmonary Unknown
12 Name John Gruninger 13 Birtholace Philadelphia, Pa.	
K Sarlanda Contrata	artery to lower lobe of left lung; " (Include pregnancy within 8 months of death) Hydrothorax, left
14. Malden name Sylvania Goodwin Philadelphia, Pa.	Major findings of operations.
15. Birthplace Philadelphia, Pa.	Oate of op
16. Informant Registrar's Office, Clin. Records Address Vets. Adm. Hosp., Ft. Howard, Md.	Autopsy resultsSubstantiated above. PHYSICIAN: Please underline the cause to which death should be charged statistically.
4/	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial (month) (day) (year)	Accident, aulcide, or homicide
Cemetery or crematory Baltimore National Cemetery	Where did Injury occur?
Cemetery or crematory Baltimore, Maryland	
Localion	Injured at home, farm, Industry, public place (where?)
18. Funeral director John A. Moran	Means of Injury Injured at work?
Address / 3000 E. Balto, St., Balto, Md.	23. SIGNATURE R. M. CULLISON, M.D. CLIN. DIRECTOR
" 11/11 "46 A. W. Hedres	R. M. CULLISON, M.D. CLINM DIRECTOR
19. (Date rec's by registrar)	Address V.A. Ft. Howard, Md. Date signed 11-8-46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



10775

CERTIFICATE OF DEATH

		_		
	Þ		"11	
		٦	B	
		1	-	

Rog. Dist. No. 301

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:	
1.100 10.000	State Maryland coun		
(If outside city or town limits, write RUKAL and give hearest town)	1, 7		•••••••
How long in above place of death?	City or town (If ontside city or town limits,	write RURAL and give near	est town)
Hospital, Institution, or street address where death occurred:	Street Mo. D. A. I. Weston		
	(If rural, givo I	OCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	***************************************	
3. (a) FULL NAME		3. (b) Social Security N	lumber
William Elias Hall		217-14-	3744
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
m W married	20. DATE OF DEATH	VOJ. 2 1946	8.50 a
6.(b) Name of husband or wife Christiane P Hall	21. I CERTIFY that death occurred on the date above		
	Oet. 20 184		
7. Birth date of	end that I last saw h.A.A. alive on		
deceased (mo., day, yr.) face 10 - 1892	Immediate cause of death	, ,	DURATION
8. AGE: Years Months Days It less than one day			
54 9 22min.	Coronary Thrombos	is - myocardial	13 days
3. Birippiace Cecil lo and	Due to in Fascino	The second secon	0
(Town, county, and state)	0		***************************************
10. Usual occupation Manual	Due to		
11. industry or husiness Lucy Box			
12. Name William H Hall	Dither conditions		
Z 13. Birthplace Visaure			
	(Include pregnancy within 3 me	onths of death)	
	Major findings of aperations	***************************************	
15. Birthplace Cecil Co Mil	***************************************	Date of op	
16. Informant WY W. Practice	Autopsy results		
Address 201 Westowne Rel	PHYSICIAN: Please underlina the cause to which		atistically.
17 Revial Pale therent May 5 w 46	22. VIOLENCE: If death was due to external caose		
(Eurial, cremation, or removal, Whigh?) Date thereot (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory. Gallina Cenyellary	Where did injury occur?(City or town)	(Connty)	(State)
Location of aleux and	injored at home, farm, industry, public place (whe	re?)	********************
18. Funeral director Phasles & Towell	Means of injury	Injured at work?	
0		YHFFE	
Address 2427 Cynibul Lou Cive	23. SIGNATURE / Secureury	use /	
10 how 4 18 46 a. W. He dreed	3.4.1. 12. 1	M. D. or	other
(Date rec'd by registrar) Registrar	Address 3/8/W Bachy	Date signed	1/4/46

3101 w Balls st Phru 4: 1441

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICA	TE OF DEATH Reg, Diat. No33
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Md County Balto City or town Relaterstown (If outside city or town limits, write RURAL and give nearest town) Street No. Church Road (If rural, give LOCATION) 2.(a) It veteran, name war
3.(a) FULL NAME Franklin William Hanna	3. (b) Social Security Number None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced W	MEDICAL CERTIFICATION 20. DATE OF DEATH 200 A M
6.(b) Name of husband or wife. Emma Winters Hanna 6.(c) It allve, give age. — years 7. Birth date of deceased (mo., day, yr.) October 21 1871	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.38 to 19.46 and that I last saw h 19.46 Immediate cause of death.
8. AGE: Years 75 Months 18 It less than one day 18 hrs	Due to. Diher conditions.
14. Maiden name Amanda Runk 15. Birthplace Unknown 16. Informant Albert Williams Address Reisterstown Md	(Include pregnancy within 8 months of death) Major findings of operations
Burial Burial Date thereot Nov 12 1946	Where did injury occur? (City or town) (County) (State) Injured at home, tarm, industry, public place (where?) Injured at work? 23. SIGNATURE A. S. M. D. or other

RECCIPED NOV 13 1945 EDREAT VE

CERTIFICATE OF DEATH

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
Catonsvil	le	State Md. county saltimore	2
(If outside city or town !	mits, write RURAL and give nearest town)	Cotengrille	
How long in above place of death?		(If outside city or town limits, write RURAL and give no	earest town)
Hospilat, institution, or street address where Mrs. Carter's Nu:		Street No. 16 Fusting Ave.	
***************************************	Ave	(If rural, give LOCATION)	
How long in hospital or institution?		2.(a) If veteran, name war	
3. (a) FULL NAME Emma	Hanssen	3. (b) Social Security	Number
4. Sox 5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	3 11 17
Female W.	Widew	2D. DATE OF DEATH Worlder 10th 116	- 16,45A
6.(6) Name of husband or wife Late	Frank Hanssen	21. I CERTIFY/that death occurred on the date above stated; that aftended dec	eased from
		March 1946,10 Wores	ug-10 10 46
T Disk data of		and that I last saw h. L. alive on horeuler 3	7hr. 1946
deceased (mo., day, yr.) Nov. 27		Immediate cause of death O Constant Kranibases	DURATION
8. AGE: Years Months	7 77	()	1/2 hou
			*** ***********************************
Birthplace (Town,		Due to anema selectic y short by	20
1/1 4/3 172	county, and state)	with hy perhappy + congestine feel	are the
ID. Usual occupation.	••••••••••••••••	Due to glue alled arthur selevors	4
1, Industry or business		auth lyperteresion.	Topp.
12. Name William Ada 13. Birthplace Germany		Dther conditions	
13. Birthplace Germany		(include pregnancy within 3 months of death)	
14. Maiden name Mary Germany			
15 Bithalaca Germany		Major findings of operations	**********
Albert L.	Mehrling, (Nephew)	Date of op	
to, informant	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Actorsy results	statistically.
Address 4457 Merri	s St. Fhila.44, Pa.	22. VIOLENCE: If death was due to external causes, fill in the following;	
Burial (Buriai, cremation, or removal. Which?	Date thereof (month) (day) (year)	Accident, suicide, or homicide	,
Cemetery or cremafory MT. Oli	(month) (day) (year)		
	22 11	Where did injury occur?(City or town) (Connty)	(State)
Location Frederick	p/Big a	Injured af home, farm, Industry, public place (where?)	
18. Funeral director Harry 9	T. Mille.	Means of injury Injured af work?	
Address 4101 Edmond	sen Ave	10 5 . 0.0	
1	0 24 7/	23. SIGNATURE	or other
19. Nov. 12 19 46	U. W. Hedresh	Address how 11 19 46 290 Refunction to	TO BOOK
(Date Lec. (I DA Legistrat)	Registrar	Bate signed	*********************

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctage is especially important. Physicians: please write the causes of death clearly and legibly. ARGIN RESERVED FOR BINDING

NS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)-2

CERTIFICATE OF DEATH

1	177	77	8
Reg.	Dist.	No.	32

1. PLACE OF DEATH: County Balto.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
City of town. Rurel - Owings Mills (If outside city or town limits, write RURAL and give nearest town low long in above place of death?	
Hospital, institution, or streel address where death occurred:	Sireel No. 3637 Halden Avenue
Garrison Forest Road	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war NO
3.(a) FULL NAME Margaret Brown Harris	3. (b) Social Security Number None
4. Sei 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F. W. W.	20. DATE DF DEATH. Nov. 12, 1946 at 4- A. M
B.(b) Name of husband or wife. Arthur Herris 5.(c) If alive, give age.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from NOY. 5. 18.46 to Nov. 12. 18.46
7. Birth date of	and that I last saw h.er. alive on Mo.Y. 11.
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
69 2 21hrs.	min. Chronic Myocarditis ?
8. Birthplace Glyndon, Balto. Co., Md. (Town, county, and state) 10. Usual occupation Housewife	Due Ic. Arterio Sclerosis ?
11. industry or business	
f2. Name Samuel Brown 13. Birthplace Unknown	Other conditions Chr. Nephritis ?
Z 13. Birthplace Unknown	
St. Malden name	(include pregnancy within 3 months of death)
17 f4. Malden name 17 ft f4. Malden name 17	Major findings of operations
	Date of op.
f8. Informant Mrs. May Elizabeth Ducker	Antopsy results.
Address 3637 Malden Ave., Balto., Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Barial, cremation, or removal. Which?) Cemetery or crematory. Burial Date thereot Nov. 15, 194 (month) (day) (year	22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide
Forhleshurg. Md.	
Location Fowblesburg, Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director	Means of injury Injured at work?
Address Reisterstown, Md.	23. SIGNATURE GIE. Mchal MW
19. 11 - 13 - 19 46 Dr & E Nie. (Date ree'd hy registrar)	M. D. or other Mistrar Address Pikesville-8, Md. Date signed 11/13/46

NOV 16 1946

1-35.

2411 N. Charles St., Baltimore (93)	2411	N.	Charles	St.,	Baltimore	(93
-------------------------------------	------	----	---------	------	-----------	-----

2411	IA.	Charles	St.,	Baltimore	(93=L)

	-1	U	6	6	3
女					

of an interest of

			00
-	D: .	2.7	30

			CERTIFICA	TE OF DEATH Reg. Diat. No	20
Row long in above place Hospital, Institution, or	Baltin Caton catolic city or town li ot death? 4 yes street address where g Grove S Institution? 4 yes	sville mits, write R ars. 7 n death occurred tate. Ho	months, 29 days,	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give ness Street No. 5613 Balla vista Ayenue (If rural, give LOCATION) 2.(a) If veteran, name war	rest town)
			Veronica Heil		
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female	White	S:	ingle	20. DATE OF DEATH. November 5 - 3 1946	, at 12 M
8.(b) Name of husband of 7. Birth date of deceased (mo., day, yr		ry 13,		March 4. 1942 19 10 November	r 2 19 46
8. AGE: Years		Days	If less than one day	failure	
10. Usual occupation 11. Industry or business	Hou	sework Home	oy.	Due to Chronic hypertensive, arterio sclerotic cardiovascular dis.	Indefini
12. Name	John Hei	1		Other conditions	
the contract of the contract o	Germany Cecilia	Diega li	787	(Include pregnancy within 8 months of death)	
14. Malden name 15. Sirthplace		wend & we		Major findings of operations.	
16. informant				Autopsy results	
17(Burial, cremation,	or regional, Which?	Date there	Maryland (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
Location	Balle	mon	Ruck	tnjured at home, farm, tndustry, public place (where?)	
Address 51	305 A	def	W - Helich Registral	Henry C. A. Mead, M. MP. Address Catonsville, 28, Md. Date signed.	20/140 or other 11/3/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The Correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

Hochen ę

** VS A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

木	141	0:	7	8	()	
	of the spin	68	-		.,	,

Reg. Dist. No. 44

County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Juany a. The	3. (b) Social Security Number
4. Ses Second Se	MEDICAL CERTIFICATION 20. DATE OF DEATH
19. nov: 11 tt 19 46 Jby G. Connelly	23. SIGNATURE OLDER SULLAND M. D. or other M. D. or other Date signed / A = 10

THE CITY OF NOV 14 1946 BUREAU V.S. 1-25 2-440

1-10

VS-A15

	age
	The correct age
	The
3	ion carefully.
	ly every item of information carefully. The
5	of
	item
	every
4	ly T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0



10781

1			1
Reg. Dist.	No.	4	41

CERTIFI	CATE OF DEATH Reg. Dist. No. 44
1. PLACE OF DEATH: County City of town. (If outside city or town limits, write RURAL and give nearest town How long in above place of death? Hospital, institution, or street address where death optured: County of town. (If outside city or town limits, write RURAL and give nearest town How long in above place of death? How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborr/infants give residence of mother) State County City or town (If outside city or town limits, write RPRAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veleran, name war.
3. (a) FULL NAME Less	3. (b) Social Security Number 2/90/954
Male white married, widowed, or divorced make white	MEDICAL CERTIFICATION 20. DATE OF DEATH. Rovember 3 19 46 11 7 7 7
9. 9 irthplace (Toyn, county, applying) 10. Usual occupation. Torre Repper 11. Industry or business Deliferen (Leel	21. I CERITFY that death occurred on the date, above stated: that I altended deceased from years and that I last saw h. Associative on 19. The same disternance of death 19. T
12. Name	(Include pregnancy within 3 months of deeth) Major findings of operations. Dale of op.
Address 7/0 Martell dive 17. Sural (Barial, cremation, or removal, Which) 18. Informant (Market and Market	
Cometery or crematory Mt, Carnel Location Connell St. 18. Funeral director John Donnelly	Where did injury occur?
Address 4/fl Easlern av. Ossep 2/ 19. 11/5/ 1946 John J. Connell Re	y 23. SIGNATURE Solo Freen ear hoad Date signed Roo 3-4

2-440

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1	1	Allen	7	8	2
dilline				100	, -

	Mary Cr			Va
Dag	Dist	No	1	V63

					1106. 2111. 1101	
1. PLACE OF DEATH: County Baltimore City or town. Fort Howard (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? S. Days. Hospital, institution, or street address where death occurred: Vets. Adm. Hosp., Ft. Howard, Maryland				2. USUAL RESIDENCE (HOME) OF (For newborn infents give residence of n State	write RURAL and give no	earest town)
How long in hospital or in	stitution?	Jays	***************************************	2.(a) If veteran, name war SAW		
3. (a) FULL NAME	EARL	W. HEN	ITT		3. (b) Social Security 160-14-8'	
4. Sex Male	White		e, married, widowed, or divorced larried	MEDICAL CE 20, DATE OF DEATH	RTIFICATION 4. 19.46	at.3:08. A
7. Birth date of			Hewitt c) If alive, give age 62 years	21. I CERTIFY that death occurred on the date abov	e stated; that I ettended dec 46, to November	eased from C. 14, 19.46
deceased (mo., day, yr.) 8. AGE: Years 69	Months 8	Days 24	If less than one dayhrsmln.	Immediate cause of death Bronchopneumonia		2 Days
11. Industry or business	Unemploy	ed	ntate)	Due to		
13. Birthplace Maryland 14. Malden name Elizabeth MacMains			ains	(Include pregnancy within 3 m		
Address Vets	. Adm. H	osp., I	Clinical Records	Antopsy results	ch death should be charged	
(Burlal, cremation, or Cemetery or crematory	removal, Which?	ate Cer	metery Undo	Where did injury occur? (City or town)	(County)	(State)
16. Funeral directorWJ	n. Cook	8. 88	Sts., Belto., Md.	Means of Injury There M. STEWATHER R. Shere M.	Injured et work?	7
te. (Date rec'd by regist	X-6	H.	W. Begistrer	R. M. CULLISON		

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97) CERTIFICATE OF DEATH

+10783

Rog. Diat. No.....

1. PLACE OF DEATH: County By I timore				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Villa Nova, Pikesville, Md. (If outside city or town limits, write RURAL and give nearest town)				State Maryland County Baltimo	re	
How look in above place of death?			B stocked and give nearest town)	City or town	•	
				Street No. Essex Rd.		
/			***************************************	(if rurai, give LOCATION)	100000000000000000000000000000000000000	
How long in hospital	or Institution?			2.(a) If veteran, name war		
3. (a) FULL NAI	ME			3. (b) Social Securit	v Number	
	Max	rv Eliz	abeth Hoover			
4. Sex	5. Color or race	-	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
F.	W.		Widowed	20. DATE DF DEATH. 11 - 22 - 1946	3- P. M	
			1 Hoover	21. I CERTIFY that death occurred on the date above stated: that I attended de	ceased from	
***************************************			c) It alive, give ageyears	Several years 19 No. 70. 22 - and that I last saw h. G.P. alive on No. 22,	19	
7. 6irth date of deceased (mo., day	v.) Dec.	25, 18	355			
8. AGE: Yea		Days	It less than one day	Immediate cause of death	DURATION	
9	0 10	25	hrs min.	Arterio Sclerosis	?	
B. Bielhalass	Monkton,	Maryls	ind state)	Due to.	***************************************	
a. antipuce	(Town,	county, and	stato)	000	****	
1D. Usual occupation	House	ATIE	***************************************	Que to		
11. Industry or busine						
至 12. Name	Joshua H	icks		Other conditions Senility	?	
12. Name	Monkton					
- 1	. Sarah Ty	son		(Include pregnancy within 3 months of death)		
14.	Monkton			Major findings of operations.		
				Date of op.		
16. Informant Landon M. Brooks			3	Autopsy results. PHYSICIAN: Please underline the cause to which death should he charged statistically.		
Address	Sparks,	Md.			u statistically.	
17 Buri	al	Date then	eot Nov. 24.1946 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Cemetery or crematory				Where did injury occur?		
Location Sp	arks, Md.		***************************************	Injured at home, tarm, Industry, public place (where?)	000000000000000000000000000000000000000	
18. Funeral director.	Landon		rooks	Means of Injury Injured at work?	-	
Snorks, Md.				4.80 10.00	30 /	
Address			002.01	23. SIGNATURE & O MULLIS M. D.	1/1/	
19.	19	29	s & & Nichola Rogistrar	Address Pikerville Ind Date signed	. or other	
(Duto rec'd by I	registrarj		rogistrar	Il Address	111-73-4	



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10784 P

1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Md. county Balto.
City or fown. Randallstown (If outside city or town limits, write RURAL and give nearest town	City or town Randallstown
How long to above place of death?	(If outside city or town limits write RURAL and give nearest town)
Vospital, institution, or street address where death occurred: Merrittesvilles Rd.	Sireet No. Merrittsvilles Rd.
How long in hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME OSBORN IRVING PAU	3. (b) Social Security Number
OSBORN IRVING PAC	NO NO
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Single	20. DATE OF DEATH NOV . 4, 1946 , at 500 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from
	yeare 19
7. Birth date of deceased (mo., day, yr.) Sept. 25, 1946	and thet I last saw halive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
7 9hrs.	min
9. Birthplace Balto., Md. (Town, county, and state)	Due to
1D. Usual occupation	a contract of the second
	Due to
11. Industry or business 12. Name Walter R. Humple	had come to Cart
12. Name Walter R. Humple Md.	Mr Sace
	(Include pregnancy within 8 months of death)
14. Malden name Daisy L. Grimm. Va.	Major findings ol operations
E 15. Birthplace Va.	Date of op.
16 Informant Mr. Walter R. Humple	Antopsy results
Addrese Merrittsvilles Rd., Randallstow	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Madicob	
Burial Dale thereof 11/6/46 (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide, leading Daje of
Cemetery or crematory Mount Paran Presby. Cen	
Mt. Paren Md.	Injured at home, farm, industry, public place (where?)
LOCATION	Meene of injury vel Covers on Jajured at work?
18. Funeral director WM. J. TICKNER & SONS	as a little deptiled
Addrese Balto., Md.	- Mrtieffer Sound Relto
10 11-5-46 10 GWHebrich	23. SIGNATURE M. D. oc other
	gistrar Address Or o Reads ast Date signed May & 48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. T MARGIN RESERVED FOR BINDING

The cerrect age

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

7	T.	115	Q	A	01
Reg	. D	iat. l	Vo	2	8/

1. PLACE OF DE Balt	50.		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Cuy or town TOWS	son	nits, write RURAL and give nearest town)	State	Baltimor	<u>'</u>
		miles, write RONAL and give nearest town/	City or town Towson (If outside city or town limits	, write RURAL and give no	earest town)
Hospital, institution, or	street address where d		Street No. La Paix Lane		
La. 1	Paix Lane	•••••••••••••••••••••••••••••••••••••••	(If rural, glve		•••••••
How long in hospital o	r tnstitution?	***************************************	2.(a) It veteran, name war	***************************************	
3. (a) FULL NAM	E	HARRIET STERETT W	INCHESTER JONES	3. (b) Social Security	Number
4. Sex	5. Color or race	8.(a)Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Female	White	Widow	20. DATE DE DEATH NOV. 29,	46	10:30 a
7. Birth date of	Dan	parhawk Jones	21. I CERTIFY that death occurred on the date about 7 19.1 and that I last saw h	946 10 Novem ovember 29	Der 1911 46
deceased (mo., day, 1	11.7	Days I If less than one day	Immediois cause of death		DURATION
87	11	11 hrs. min.	muzocardial fai	Luce	I month
9. Birthplace Baltimore, Md. (Town, county, end stete) 1D. Usual occupation.			Due to alerino Claración	idili	Several Several
11. todustry or busines	Alamanda	r Winchester			***
12. Name	μd		Dther conditions		**
2			(Include pregnancy within 3 m	nonths of death)	
14. Maiden name. 15. Birthplace		rroll	Major findings of operations hove		
15. Birthpiace	Md	•			
16. Informant. Mr	s. Bayard	Turnbull	Autopsy results.		
Address Ro	odgers Forg	e 4, Balto. Co., Md.	PHYSICIAN: Please underline the cause to wh	ich death should be charged	l statistically.
Cren (Burial, cremation Cemetery or cremate	nation or removal Which?) Greenum Balto.	Date thereof	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	(County)	(State)
18. Funeral director		ICKNER & SONS	Means of injury	tnjured at work?	
Address	Balto.,	Md.	23 DIGNATURE Franker S	M. D.	M.D.
19. Dute rec'd by re	gistrer)	Registrar	Thomas 1014 St Caul St.	(M. D.	10/30/46

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlee St., Baltimore

2411 N. Charlee St., Baltimore 9420 CERTIFICATE OF DEATH

* 1078744 Reg. Dist. No.

1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
			State Maryland County	
City of town			City or town Baltimore (If outside city or town limits, write RURAL and give	
How long in above place of death?	ozdays			
Vets Adm. Hosp.			Street No. 702 N. Stricker St., Balto.	d
How long in hospital or institution?			2.(a) If veteran, name war.	
3. (a) FULL NAME			3. (b) Social Securi	
			o. (o) botim betain	Ly Itambel
4. Sex 5. Color or race	6.(a) Sing	e, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male Colored		Married	20. DATE DE DEATHNovember 1 19.46	.1.15 A
7.122			21. I CERTIFY that death occurred on the date above stated; that I attended do	
6.(b) Name of husband or wite	ianJon	es	August 31	
7. Birth date of	6.6	c) If alive, give age52years	and that I last saw h alive on November	
deceased (mo., day, yr.) 12-6	-1881		Immediate cause of death.	
8. AGE: Years Months	Days	If less than one day	Coronary Occlusion, acute	Sudden
64 10	25	hrsmln.		
9. Birthplace Baltimor	o Mary	landstate)	Due to Heart disease, coronary arter sclerosis, myocardial damage,	
10. Usual occupationRigger.			ax anginal syndrome	
11, industry or business			DES-76	******
	Iones		Other conditions	
E 12. Name Lorenzo Lorenzo 13. Birthpiace Wilmingt				
# 14. Malden name Juli:			(Include pregnancy within 3 months of death)	
		322	Major findings of operations.	
15. Sirthplace Virginia	1		Date of op	
16. Informant Registrar	s Offi	ce, Clin Records	Antopsy results. PHYSICIAN: Please underline the cannot o which death should be charge	
Address Vets Adm. H	osp., F	t. Howard, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:	the stationed any s
17. Burial (Burlal, cremation, or removal, Which	Date the	(month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematoryBalto	Nation	al Cemetery	Where did injury occur?	
Location Baltimore, I	arylan	d	Injured at home, farm, industry, public place (where?)	
18. Funeral directorCharles		O1151	Means of injury Injured at work?	
		Ave. Balto. Md.	am. Denin Colins	
			23. SIGNATURE R. W. CULLISON, M.D. CLINM.	D) of other
19. (Date rec'd by registrar)	A	a. W. Scherk Registrar	Address VA FORT HOMAHD ID. Date signs	11-1-46

CEPTIFICATE OF DEATH

1	0	7	8	8	3	>	1
R	eg.	Di	st.	No.			1

CERTIFIC	ATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State County County
How long in shove place of death?	City as town (if ootside city or town ilmits, write RURAL and give nearest town)
Harley didge	Street No. 902 St. 12
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	Kahn 3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White Widower	20. DATE OF DEATH. NOVEMBER 30 19 46 . 6:05P.
8,(b) Name of bushand or wife Bessia Kaka	21. I CERTIFY that death occurred on the date above stated; that I stlended deceased from
7. Birth date of deceased (mo., day, yr.) Class. 18. 18.58	and that t last saw h. 1. m. allve on NoJew Ber 30 1946
8. AGE: Years Months Bays if less than one day	Immediate cause of deaths. OURATION OURATION
9. Birthplace	Oue to SexiLITY,
(Town, county, and state)	PATERIO'S CLEROSIS
10. Usual occupation.	Due to MYOCARGIAL INSUFFICIENCY
	Other conditions.
3. Birthplace Russice	(Inclode pregnancy within 8 months of death)
14. Malden name 2004	(Inclode pregnancy within 5 months of death) Major findings of operations.
15. Birthplace Russice	Oats of op.
16. Information of Machine	Autopsy results
Address Bate thereof Bate thereof (Month) (May) (year)	22. VIOLENCE: tf death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Cametery or complete Cametery of Cametery or complete Cametery of Cameter	Accident, suicide, or homicide
location Dally 2nd.	(City or town) (County) (State)
18. Funeral director Parid Sound Stradson est	Means of Injury Injured at work?
Address 1902 Entaw Pace - Balls	me. The solin and get).
" 12-2 He CAURIERON	23. SIGNATURE M. D. or other
(Data regist by registrer)	3325 Fredorick the and 2/1/4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

The second second



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10789

Reg. Diat. No ...

1. PLACE OF DEATH: Sounty Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED; (For newborn infants give residence of mother)
City or town	
How long in above place of death?15days	City or town Beltimore (If outside city or town limits, write RURAL and give nearest town)
Høspilal, Institution, or street address where death occurred:	Street No. 1702 Abbottston Street
Spring Grove State Hospital	
How long in hospital or instillution?	2.(a) If veteran, name war
3.(a) FULL NAME Betty Eva Kees	3. (b) Social Security Number
Decty ava kees	hohiz
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widowed	20. DATE OF DEATH
6.(b) Name of husband or wife	21.1 CERTIFY that death occurred on the date above stated; that I attended deceased from
deceased	October 31 19.46 to November 17 19.40
7. Birth date of	and that I last saw n
deceased (mo., day, yr.) August 9, 1862	Immediate cause of death Terminal broncho
8. AGE: Years Months Days If less than one day	pneumonia, left base - 3 days
84 3 5hrs.	min.
9. Birthplace Fraderick, Maryland (Town, county, and state)	Due to Chronic arteriosclerotic C-V
10. Usual occupation Housewife	ULBERS5
11. Industry or business Home	Due to
≝ 12. Name Fred Schmidt	
13. Birthplace Germany	
	(Include pregnancy within 8 months of death)
14. Maiden name Anna Karckhoff	Major fiudiugs of operations
14. Maiden name Anna Karckhoff 15. Birthplace Germany	Date of op.
16. Informant Hospital Records,	Aniona results None held
	PHYSICIAN: Please underline the cause to which death abould he charged statistically.
Address Catonsville, 28, Md.	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (yea	
7-11	
Cemetery or crematory	Where did injury occur?
Location Fally more	tnjured at home, farm, industry, public place (where?)
Mellery Joh Six	Means of Injury Injured at work?
18. Funeral director	Dada Luch
Address 1211 14 On S	23. SIGNATURE ISAdore Tuerk, M. D. or other
11-15 46 Wingleton	M. D. or other
19. (Cate rec'd by registrar) Re	gistrar Address Catonsville, 28, Md. Date signed 11/14/46

MARYLAND	STATE	DEPARTMENT	OF	HEALTH
WILLIAM TOWNS	DIALL	DEI MILITERI	VI.	HEALIG

2411 N. Charles St., Baltimore

	4.5.	
A	*	
	A	

10790

			CERTIFIC	ATE OF DEATH Reg. Diat. No. 3.0
Row long In above place of Hospital, Institution, or str	to. consville death? eet address where l Edmond	mits, write R	URAL and give nearest town)	Ho Street No. Carroll & Church Rd. (If rurai, give LOCATION)
3. (a) FULL NAME			SOPHIA A. KING	3. (b) Social Security Number
Female 5	. Color or race White Wla. Har		. married, widowed, or divorced Widow King	20. DATE OF DEATH NOV. 5. 19.46 at 1/20A 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.40 to 10.40 19.40
7. Birth date of deceased (mo., day, yr.)	De	c. 27,		and that I last saw h
8. AGE: Years 75	Months 10	Days 8	If less than one day	Lerelerae DEmorrhage 1000
9. Birthplace	Housewif	e as		Due to
14. Maiden oame	Germa	ny		(Include prognancy within 3 months of death) Major findings of operations. Date of op.
	1 & Chur I removal Which?) Lou Bal WM. J. T Balto.,	ch Rds Date there don Pa to M	o, Riveria Beac of 11/7/46 (month) (day) (year) rk Cem.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-a)

CERTIFICATE OF DEATH

.years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If rural, give LOCATION) 3. (b) Social Security Number MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from and that I last saw h . . . allye no DURATION Due to. (Include pregnancy within 3 months of death) Major findings of nperations PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: if death was due to external causes, fill in the following: Accident, suicide, or homicide..... Where did injury occur? (State) (City or town) (County) Injured at home, farm, Industry, public place (where?) Injured at work? Means of Injury 23. SIGNATURE M. D. or other

Date signed.

egibly careful clearly information of death cle cause item te Supply lease wr a ADING INK. Physicians: p important. WITH WRITI PLEASE

1. PLACE OF DEATH:

How Jong in above place of dealh?.

How long in hospital or institution? 3. (a) FULL NAME

Hoppital, Institution, or street address where death occurred:

5. Color or race

Months

(Town, county, and atate)

County.

7. Birth date of deceased (mo., day, yr.

8. AGE:

9. Birthplace...

10. Usual occupation.

11. Industry or business 12. Hame.

13. Birthplace

14. Maiden name

14. Maiden na 15. Birthplace

18. Funeral directo

(Date rec'd by regi



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2



10792 Reg. Diat. No. 37

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Stellings	Qual.
City or town	
How long in above place of death?	City or lown
Hospital, institution, or street address where death occurred:	Street No. Vermont ale
Masonic Home, Cockeyprelle, Mo	(If rural, give LOCATION)
Kdw tong to hospital or institution?	2.(a) if veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Vaul Traushaus	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20, DATE OF DEATH. 90 PM
8.(6) Name of husband or wife Elizabeth Tunnshaar	21. I CERTIFY that death occurred on the date above stated: thet I ettended deceased from
7. Birth date of	and that I last bow h some all ve on Hore 24 19 46
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION Acute Consister Faculary
8-2 5 17min.	Cardiac 3 deuts
9. Birtholace Germany	Due to.
(Town, aganty, and state)	arteria Selerorio
10. Usual occupation.	Due to.
11. Industry or business	
12. Kame John Jane Junemy	Other conditions
14. Malden name 'Magdelink Yeager	(Include prognancy within 3 months of death) Major findings of operations.
15. Birthplace Germany	Date of op.
18. Informant Jaura My. Ischereder	Antopsy results.
M	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 1702000 54me Octuments 17 Date Sal (Burial, cremation, or removal, Which?) Bate thereof 1 (month) (day) (year)	22) VIOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide
(Burial, cremation, or removal. Which?)	Acceptant services of the serv
Cometery or crematory	Where did injury occur?
Location Tolettimere Mol.	Injured at home, farm, industry, public place (where?)
18. Funeral director Kong, Cook	Meens of Injury Injured at work?
Address St. Paul 4- Preston St	Water of the
11 . 25 11 Care 4 11 1	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Address vekrysolle Ind Date signed 11/24/46



2-370-1-10

PLEASE

Address

(Date rec'd by registrar)

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

163-F EATH

		. 4
48.40	m 1	3 3
Reg. Dist. I		
D 200	4 0 03	12 (1)
Reg. Dist. I	No	

E		2411 N. Charles St., Baltimore	
d.	1 24 3 4	CERTIFICATE OF DEATH	Reg
a F	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DE	CEASED:

PA Ludas

State Course of residence of re	ty Baltin	Ward Nove town)
(If rural give	LOCATION)	
2(a) IF VETERAN, NAME WAR		
	3. (b) Social Securit	- W-mbou
	3. (0) Sucial Securit	y Number
MEDICAL CEI	RTIFICATION	
2D. DATE OF DEATH	2319 -5	16., at 4 P. M
21. I CERTIFY that death occurred on the date above	e stated; that I attended de	ceased from
	, to	19,
and that I last saw helive on		19
Immediate cause of death _ CANTON!	monodide	AURATION
busyang - Suc	1	11/22/46
The state of the s	VK 30	
- V		
Due to		
Due to		
Diher conditions		
		-
(Include pregnancy within 8 m	nonths of death)	PHYSICIAN
Of operations		Please underline
		the cause to whice death should be
		charged statisti-
Df autopsy		- Cally.
22. VIOLENCE: If death was due to external caus	es, fill in the following:	
Accident, suicide, or homicide— Suicide. Where did injury occur?— Parlurall	Buttanish	NV- 23, 1941
(City or town)	(County)	(State)
Injured al home, farm, industry, public place (w	and and a second	
Means of Injury Carlon unnofile-g	un Millered et work?	
23. SIGNATURE Kollin C.	Hudson M	DME. DME
23. SIGNATURE	M. I	or other

(If outside city or town limits, write RURAL NEAR and give town) Sireel address, hospital, or institution: Slay in hospital or Inst. (yrs., or mos., or days Stay in this community (yrs., or mos., or days) _______ 3. (a) FULL NAME 4. Sex 5. Color or race 6.(a) Single married, widgwed, or divorced 6(e) if alive, give age 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day ----hrs. 9. Birthplace (Town, county, and state) 1D. Usual occupation 11. Industry or business FATHER 13. Birthplace MOTHER 14. Malden name. 15. Birthplace Date thereof (Burisl, cremation, or removal (mont) (dat) (year) Cemetery or crematory. Location 18. Funeral director

Registrar

Reg. Diat. No ...

(For newborn infanta give residence of mother)
State Md County Oalto
City or town. (1f pulgeide city or town limits, write RURAL and give nearest town)
Streef No. Todd asse
(If rural, give EQCATION)
2.(a) If veteran, name war.

MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from DURATION

PHYSICIAN: Please underline the cause to which death shoofd he charged statistically

Sp.

ndustr

Injured at work?

information carefully. The coof death clearly and legibly. every item of i MARGIN RESERVED FOR BINDING C. Supply e

ADING INK. Physicians: p important. PLAINLY, is especially

WRITE

PLEASE

d. Th	CERTIFICATE OF DEATH Reg. Diat. No			
uld carefully be supplied and legibly.	1. PLACE OF DEATH: County Cliy or fown Meddle or way (if outside city or town limits, write RURAL NEAR and give town) Street address, hospital, or institution: Stay in hospital or inst. (yrs., or mos., or days) Stay in his community (yrs., or mos., or days) Siay in his community (yrs., or mos., or days)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Clarate Ward No. (If outside city or town limits, write RURAL NEAR and give town) Street No. (If rural give LOCATION) 2(a) IF VETERAN, NAME WAR		
on should clearly and	3. (a) FULL NAME	a. (b) Social Security I	lumber	
of information shows of death clearly	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male White Senge 8 (b) Name of husband or wife	MEDICAL CERTIFICATION 20. DATE OF DEATH 19 21. I CERTIFY that death occurred on the date above stated; that I altended decea	e_, atM sed from	
NG INK. Every item of ians: please write the causes	7. Birth dale of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day by hrs	and that I last saw h has alive on the ?! Immediate cause of death Throughout Throughout	19 YG OURATION Howard	
	9. Birthplace Balteries the Third (Town, county, and state) 10. Usual occupation Lakiner 11. Industry or business	Due to		
UNFADING Physicians:	12. Name Heorge Samuel 13. Birthplace ?	Other conditions		
E PLAINLY, WITH is especially important	14. Maiden name Sehrestine Coffing 15. Birthplace Calternock 16. Informant - Milla Caleannee Oberender	(Include pregnancy within 8 months of death) Major findings: Of operations Of autopsy	PHYStCIAN Please underline the cause to which death should be charged statisti- cally.	
	17. — Bullial Date thereof Nov. 27 — 46 (Burlal, crematury Lolar Pedermet (month) (day) (year) Cemelery or crematury Lolar Pedermet	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	(State)	
SE WRITE correct age is	18. Funeral director Elizabeth Startle Just:	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?	200	
PLEASE	19. 1/9 6 146 Ale Kedrick (Date recently registrar) (Date recently registrar)	23. SIGNATURE SIN Costers Mrs. Date signed	or other	

VS A15

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

CERTIFICATE OF DEATH

10796 Reg. Dist. No....

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fog newborn a fants give residence of mother)
County Delfinal County	State May County
City or town	City or tows Baltimore
Hospital, inslitution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)
550/ Edmondson ave.	Street No
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Sallie M. Le	comple. none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale White Undowed.	20. DATE OF DEATH TLOV /6 1946 11/- 1. M
Samuel & Le Compte	21. I CERTIFY that death occurred on the date above stated; that J attended deceased from
6.(b) Name of husband or wife Demice	200 6 18 46 to 200 16 18 C
7. Birth date of years	and that I last saw h
deceased (mo., day, yr.) May ~ 14 Rv- 1866	Immediatorange of death DURATION
8. AGE: Years Months Days 11 tess than one day	Chen They o ear Dites. 29/2
80, 6, 2nrsmln,	
9. Birthplace Dorchester Co Ma. (Town, county, and state)	Due to Mat 4500 Dales open
10. Usual occupation House Wife.	
11. Industry or business	Pue te
51 7. 6	
12. Rame Manager 1. 13. Birthplace Ma.	Other conditions
14. Maiden name Unknown)	(Incinde pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
≥ 15. Birthplace	Date of op.
16 toformant Mrs. Ruth M. Badeng.	Antopsy results
Address 1838 W. Payette St.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
D . 0 1 4 P. 1.10 1011	22. VIOLENCE: If death was doe to external causes, fill in the following;
(Bnrial, cremation, or remodal, Which's (month) (lay) (year)	Accident, suicide, or homicide
Cemetery or crematory Woodlawn Cemetery.	Where did injury occur?
Inda Woodlown - Md.	Injured at home, farm, industry, public place (where?)
De la la Malana	Means of Injury Injured at work?
18. Fuoeral director. Charles South	manual Total
Address 505 N. Monnoe St.	a torree Monrel
15-19 46 (destale	23. Signature M. D. or other
19. (Date rec'd by registrar) Registrar	Address Laclon ville Date signed 1-1-46

CERTIFICATE OF DEATH

Reg. Dist. No. 30

(W)	orrec
	y. The correct legiply.
?	n carefully.
	ion car
	ly every item of information carefull write the causes of death clearly and
מז	infe sof
ERVED FOR BINDING	y every item of informat rrite the causes of death
BI	ery i
FOR	ly ev
VED	C. Supply
25	170

1. PLACE OF DEATH: Baltimore County...

(If ontside city or town limits, write RURAL and give nearest town)

How long in above place of dealh? 3 years, 7 mos., 1 day Ansoital, Institution, or street address where death occurred

Spring Grove State Hospital

How long in hospital or Institution? 3 years, 7 months, 1 day

2 (-) FILL MAME

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

Maryland

108 Rochester Place (If rural, give LOCATION)

3. (b) Social Security Number

S. (a) PULL NAM		lda Le:	ipelt	
4. Sex	5. Color or race white	6.(a) Sing	le, married, widowed, or divorced	2D. DATE OF DEATH
		6.	eipelt	ADPIL 21
8. AGE: Yea	Months 9	Days	If less than one day	Arteri
9. Birthplace	Factor Factor Peter German	ory wor. Pry Ricke		Due to
16. Informant		tal re	***************************************	Autupsy results PHYSICIAN: Please
Address 17	on, or removal. White	Pate the moll	-28, Maryland, reol 11/25-/46 reol 11/25-/46	22. VIOLENCE: If di Accident, suicide, or i Where did injury occu Injured at home, farm Means of injury 23. SIGNATURE
10/1/23	1046	Xa	rry W. miller	23. SIGNATURE

MEDICAL	CERTIFICATION		
November	22 19.46 at 3:45 a M		

21. I CERTIFY that death occurred on the dale above stated: that I attended deceased from 19 43 in November 221946 April 21

November 22 and that I last saw h. er alive on.....

Immediate cause ul death. Arteriosclerotic gangrene. right leg

40 hrs. Rue in Arteriosclerotic cardiovascular disease indefinit

(Include pregnancy within 3 months of death)

Major findings of uperatious....

Where dld injury occur?

(County)

injured at work?

none

PHYSICIAN: Please underline the cause to which death should be charged statistically

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicido.....

(City or town)

Injured at home, farm, Industry, public place (where?)

23. SIGNATURE Isadore Tuerk, M.D.

(State)

DURATION

Catonsville-28. Md. Registrar Address.



WITH UN important

especially

PLEASE

pate rec'd by registrar)



NOV 25 1945

Reg. Dist. No.___

0	-	1
1	M	1
		1
-	_	1
	_	

The

3.

4. Sex

Temale

7. Birth date of deceased (mo., day, yr.)

9. Birthplace_

1D. Usual occupation 11. Industry or business

13. Birthplace

14. Malden name

(Burlai, cremation,

(Date reed by registrar)

14. Malden na 15. Birthplace

Address

Location 18. Funeral director

Address

8. AGE:

B (b) Name of husband or wife

UNFADING INK.—Every item of information should carefully be supplied... Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLAINLY, WITH tespecially important. SE WRITE I

VS A15

PLEASE

	TE OF DEATH
1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE
City or town Circulation City or town Imits, write RURAL NEAR and give town) Street address, hospital, or institution:	State Francisco
Stay in hospital or inst. (yrs., or mos., or days) 6 daya	Street No. 20 11 C

2(a) IF VETERAN, NAME WAR
Street No. 20 // Justine Street No. 20 // Just
City or town
State maryland County
(For newborn infants give residence of mother)

2. USUAL RESIDENCE (HOME) OF DECEASED.

(a)	FULL	NAME	Har	riet	Ler	ine
			Har	net	der	ر

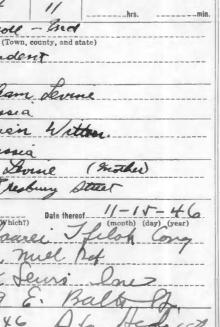
5. Color or race

4 Poute

Months

Stay in this community (yrs., or mos., or days).

Street No. (If rura	give LOCATION)	
2(a) IF VETERAN, NAME WAR		V
	3. (b) Social Securi	ity Number
MEDICAL 20. OATE OF OEATH Kovenber 21 CERTIFY that death occurred on the da War 9 and that I last saw h 23allve on		
and that I last saw h / S alive on Immediate cause of death		19 KG
Due to Gulmanay	Schounloses	. 18 mo
Oue to		
Other conditions		
(Include pregnancy wit Major findings: Of operations		PHYSICIAN Please underline the cause to whice death should be



6.(a) Single, married, widowed, or divorced

If less than one day

.6(c) If alive, give age

Days

VIOLENCE:	If death was due to external causes, fl	II in the following;	
cident, suicide	, or homicide	Date of	
here did injury	occur? (City or town)	(County)	(State)
jured at home,	farm, industry, public place (where?)	
eans of Injury		Injured of work?	

23. SIGNATURE Albert F. Shrier MO
Address Perstenstown Find Date of

Of eutopsy

22.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

*/ 10799 8

Reg. Dist. No. 44

	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State branch County County Ord
How long in above place of death?	(If putside city or town limits, tito kURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5, Golor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male as married	20. DATE OF DEATH MATERIALES & the 1946 of 10145An
8.(6) Name of husband or wife	21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) May 30, 1912	and that I had saw hand alive on Andrew Learn 5 th 1846
8. AGE: Years Months Days If less than one day	Islan America Wolard & day
8. Birthelaca	Due 10. Oslovnigaldis megniti
10. Venut occupation. Laborary	
11. Industry or business Beihledans Steel Co	Bue to.
12. Name. On Sugar Grang 13. Birthplace	Other conditions
14. Malden name Beratho Itall 15. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations.
S 15. Birthplace	Date of up.
16. Informant & ligsbeth Long	Autopsy results
17 Removal Dale thereof 1008/46	22. V10LENCE: If death was due to external causes, fill in the following:
(Burlal, cremation, or removal, Which?) Bale thereof (month) (day) (year)	Accident, soicide, or homicide
Cemetery or crematory.	Where did injury occur? (City or town) (County) (State)
Location Charles Conference Confe	tnjured at home, farm, industry, public place (where?) Means of injury Injured at work?
18. Funerat director. Mus . Kell (: Elletto Dougleto. Address 1/29 n Pourseie St.	Carolina ma.
19. (Dute rec'd by registrar) 19. (Dute rec'd by registrar)	23. SIGNATURE M. D. or other, Address University and Bate signed of the

PLEASE WRITE PLAINLY,

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

1-	.43		
	10-		
d	Ŧ	-	

10200

Reg. Diat. No......

LU	000
	200
	320

_/					
1. PLACE OF DE			2. USUAL RESIDENCE (HOME) OF	DECEASED:	
County	Baltimore.	2007 U413 Cmost A	State Md. Cou		
City or Town Parkville 2907 Hill Crest Ave.					
			City or town Parkville 290 (If outside city or town limits	, write RURAL and give nea	rest town)
Hospital, Institution, or	street address where	death occurred:	Street No.		
			(If rural, give 2.(a) it veteran, name war. None		
			2.(a) it veteran, name war		
3. (a) FULL NAMI	E			3. (b) Social Security	Number
		WILLIAM D. LONG		None	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
М	W	Widowed	20. DATE OF DEATH NOV. 27, 19	46 18	, at 4:45 A
@ (\$) Name of bushand	Hettie	a Long	21. I CERTIFY that death occurred on the date abo	ve stated; that t attended decea	ased from
P'(O) usus of unersue	OI WITEAA.M.M.M.M.		Juay 127 19	46. 10 Trov. 2	7 = 19.4.6
7. Birth date of	*****		and that I last saw his alive on	J. 21614.	19.4.6
deceased (mo., day, y	(r.) October	9, 1862	Immediate cause of death		DURATION
8. AGE: Years					
84	1	8min.	Valianthen		
9. BirthplaceHow	vard Co. Me	county, and atate)	Due to Carrier	our and	2 DULA
		chinist		***************************************	Ju
11. Industry or busines			Due to	***************************************	·
		ong	MAL	***************************************	
	Md.	JILS	Other conditions		***************************************
		Ome-	(Include pregnancy within 3 n	nonths of death)	-
t4. Malden name.		ecca Orem	Major fiediogs of operations		
2 15. 9irthplace	Md.			Date of op	
16. Informant Mr	Roy P. L	ong (Son)	Aotopsy results		
Address 290	7 Hill Cr	est Ave.	PHYSICIAN: Please underline the cause to wh		statistically.
Nau-Cos			22. VIOLENCE: It death was due to external cau		
17. Buris	or removal, Which?	Date thereot 11/30/46 (month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or cremato	Druid R	idge Cemetery	Where did injury occur?(City or town)	(Connty)	(State)
	ikesville		Injured at home, tarm, industry, public place (wi	nere?)	
		KNER & SONS INC.	Means of Injury	tnjured at work?	
		es Batto. 17. Md.	Isany le	acres	
		01151	23. SIGNATURE	M. D.	or other
19. (Date recai by re	9 19 L4 (Registrar	TAddress 28 W 25 Le Sh	Date signed.	11-78-46

CERTIFICATE OF DEATH

	T	10 LL
Reg.	Dist.	No

1. PLACE OF DEATH: Sold IN THE	2. USUAL RESIDENCE (HOME) OF DECEASED: (For powborn infants give residence of mother)
County /	State County County
(If outside city or town limits, write RURAL and give nearest town)	10) 41 1 1 1 1 1 1 1 1
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest augh)
Hospital, institution, or street address where death occurred:	Street No. 1033 N. Caroline St.
	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
James Lyons.	
4. Sex 5. Color or race 6/a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Black Married.	20, DATE OF DEATH. 11-11-46 1946 21/2 P. M
Paulina	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
6.(6) Name of husband or wife	19
8.(c) If alive, give age years 7. Sirih date of 1227	and that I last saw halive on
deceased (mo., day, yr.) dug da, 1907	Jumediate cause of death
8. AGE: Years Months Days If less than one day	
39hrsmis.	arom. Monocial
ha .	Oue to
9. 8irthplace	V. V. A.
10. Usual occupation. Steel Workline	Que to alalin' V (Ras & Julmall Cas
11. Industry or business	1
	Other conditions
12. Name Charles A. Kyrns 13. Birthplace n. C.	(Include pregnancy within 3 months of death)
14. Malden name <u>maggie</u> liggins 15. Birthplace 16. Birthplace	Majur findings of operations
El 15. Birthplace	Date of op.
16. Informant Pauline Lyons	Autopsy results
Address 1033 n. Caroline St.	
Du: 15194	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide.
Cemetery or crematory, Mr. Calvary Cone	Where did injury occur?
a a County and	Injured at home, farm, Industry, public place (where?)
Location PSk (911: Action of	Means oximuntally Olar Furna (Injured et work? 40)
18. Funeral director MBD	0-20 1
Address 1129 n. Ellesting St	23. SIGNATURE A DATE AND
hoo 12 46 Q. Ir. Heavel	Alyn Des . Eaule
(Date rec'd by registrar). Registrar	Address Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

	(120)	
1	-000001	ĕ
7	Reg. Diat. No.	
	Troff : Diere House	r

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Maryland County Ballmark
City or town (If outside city or town limits, write RURAL and give nearest town)	e (, (R)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
	Street No
How long In hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Graig Martin	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Sligie, married, widowed, or divorced	MEDICAL CERTIFICATION
M W. Widowed	20. DATE OF DEATH November / 19. 4.6 21. 5 A. M
6.(6) Name of bueband or wife Helan (nee anald)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw h. (. 272. alive on .) c. + of the . 3 (
deceased (mo., day, yr.) Upon 12 /864	Immediate cause of death
8. AGE: Years Months Days If less than one day 8. AGE: Years Months Days If less than one day 8. AGE: Months Days If less than one day 8. AGE: Years Months Days If less than one day	Chrisa maplinos classis
9. Birthplace New York City (Town, county, and state)	Due to
10. Usual occupation 9 marrance Retried 15 4s)
11. Industry or business	Due to
12. Name Samuel Martini 13. Birthplace n. 4. City	Other conditions granule of certains charined
El 13. Birthpiace 1-9 Cely	(Include pregnancy within 3 months of death)
14. Malden name gerturale ciarg	Major findings of operations
El 15. Birthplace A. G. City.	Date of op
16. Interment Aus 9 Transle Despo	Antopsy results
Address Sparls Maryland	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cremation, or removal, Which?), Bate thereot (month) (day) (year)	Accident, suicide, or homicide
4:00.1	Where did injury occur? (City or town) (County) (State)
Cemetery or crematory — — — — — — — — — — — — — — — — — — —	(City or town) (Connty) (State)
Location	Means of Injury Injured at work?
18. Funeral director	
Address Spanls, mply	23. SIGNATURE Eli worth B. Shirill MAI
19. Nov (Date rec'd by registrar) 19 46 Wonff. label cott	Address Collywille Med. Bate signed New 1946

1-25

2=370

1-10

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-8

CERTIFICATE OF DEATH

10803 Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For her born infants give residence of mother)
county./ Baltimore	Marca la al
City of town. Town on 4. Maryland (If outside city or town limits, write RUKAL and give nearest town)	State County
	City or town Daltemore Cety
Now long in above place of death?	(If outside city or town limits, write RURAL and give negreet town)
Hospital, Institution, or street address where death occurred:	Street No.
Eudowood Sanatorium, Towson 4, Md.	(If rurat, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Fold Flizabeth Ma	ttison none
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
t W married.	20. DATE OF DEATH November 11 1946, 12 PM
8.(6) Name of husband or wife. Arthur & Mattison	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 46. to 2000 11.
B.(c) It allive, give age 30 years	
1 7. Birth date of Ala a la la la h	and that I last saw h w alive on Moule 11 19 116
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	J. A
22 0 21hremin.	Tumouarry tuler Culose 3 yrs
At Mayin to Ma	Due to.
9. Birthplace. (Town, county, and state)	D46 (U
10. Usual occupation Alexes unfe	
11. Industry or Justiness quen home	Due to
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
12. Name Joseph Perry Mo	Other conditions
13. Birthplace M. Mary	(Include pregnancy within 3 months of death)
14. Maiden name Kola Tahroon	Major fisdings of operations.
D-M. AMUL MAD.	Major fisdings of operations.
To the place	Date of op
Personal History- Hospital Records	Antopsy results
Address Eudowood Sanatorium. Towson 4. Mc	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
(Burial, eremation, or removal, Which?) Date thereof (month) (day) (Pear)	Accident, suicide, or homicide
(Burial, cremation, of removal, Whiteh)	
Cemetery or crematory	
Location	Injured at home, farm, Industry, public place (where?)
Charles No land	Meana of Injury Injured at work?
18. Funeral director	(()
Address 9427 Formervely and	0 /1/1/901doll
11-12 41 (Nesse-	23. SIGNATURE. M. D. or other
19. (Date rec'd by recistrar) Registrar	Towson 4. Maryland Pate stoned (1/11/46)
(Date rec'd by registrar)	II ADDITION OF THE WAR AND THE STATE OF THE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Baltimore	(For newborn infants give residence of mother)
	State Md County
(If outside city or town limits, write RURAL and give nearest town)	City or town Clerey
Now long in above place of death? 2 weeks	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
210 Minetank Lane	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) II veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
de 1 mc allit	
Along T. Mallister	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white widowed	Nov. 76 st 46 5A.
1 + P : me hill to	20. DATE OF DEATH
6.(b) Name of husband or wife late famme / Mulister	21. LCERTIFY that death occurred on the date above stated; that tallended deceased from
D (a) Matter also are	1000. 10 200. 19 19 4
7. Birth date of	and that I last saw h consulty on Nov. 74 tot 19 45
deceased (mo., day, yr.) / (07 20, 183	Immediate cause of death
8. AGE: Years Months Days If less than one day	Indicating Codes of death
88 - 6hrs. min.	Cotorory Htt lus.
0/	
9. Birthplace / 12 genta	Due to
(Town, county, and state)	Christ 1 41 coracio
10. Usual occupation Tarmer	Que to anterioforlester
11. Industry or business	load disesse
FRANCE AND COMMENTAL PROPERTY OF THE PROPERTY	
12. Name	Dither conditions
13. Birthplace /Maina	(Include pregnancy within 3 months of death)
HI 14. Maiden name	(Include pregnancy within 3 months of death)
14. marteen frame	Major findings of operations
El 15. Birthplace /urginia	Date of op
16. Informant Mr. Q. C. Thurston	Autopsy results
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 210 Minebank Lane	22. VIOLENCE: 11 death was due to external causes, fill in the following;
17 Seviel - Remosof Date thereof 11. 29.46	
(Buriai, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory 2nd Mona	Where did injury occur?
wift free Vivini	
Location while it all the first	Injured al home, farm, industry, public place (where?)
18. Funeral director Harry of Withke	Means of Injury Injured at work?
1110, 7.11 1 00.	IKInt /
Address 4,1016 almon down Wis	1/2 Horn was one
11/26 86 97 11 0	23. SIGHATURE M. D. or other
19. (Date/rec'd by registrar) Registrar	Affres ausbowy 77. Und Date signed 1/26/2
(inatelier it all registrat)	Aduress

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93.2

展						
		1	20	11	30	'n
	Pag	Disa	LAO	1	20	Į

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland County City or town. Baltimore (If ontside city or town limits, write RURAL and give nearest town) 1113 Ellicott Drive. (If rural, give LOCATION) 2.(a) If veteran, name war.
RIVAS LEE McDONALD	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION November 3rd. 19 46 21 /0
6.(b) Name of husband or wife Sarah Thomas McDonald 6.(c) If alive, give age year 7. Birth date of deceased (mo., day, yr.) 29 th. March 1873 8. AGE: Years Months Days If less than one day 73 7 5 hrs. min 9. Birthplace Richmond Va. (Town, county, and state) 10. Usual occupation.	and that t last saw h III alive on MAN 3 1946. Immediate cause of death DURATION BUILD BUILD
12. Name John W. McDonald Virginia 14. Malden name Lucy F. Ellis Virginia Virginia	(Include pregnancy within 8 months of death) Major fiadings of operations
16. Informant Mrs. Sarah T. McDonald Address 1113 Ellicott Drive 17. Burial Date thereof 6 Nov. 46 (Burial, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory Loudon Park Cemetery Baltimore Maryland 18. Funeral director A.B. WIPPERT & SON	PHYSICIAN: Please underline the canse to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Address 1300 Entaw Place, Balto. 19. 11-5 (Date rec'd by registrar) 19. 6 Registrar	1723. SIGNATURE M.D. or other. Address 1939 Edmondson Ave a Date signed 1/4/46.—

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (161-0)

10806

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State MA County Balls
(If outside city or towe limits, write RURAL and give nearest town)	10 100
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 68 10 Holdrid and
W. loop la bootilel or leabilities?	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If vateran, dame war
HNNA MENNII	3. (b) Social Security Number
4. Sex 5. Color or race b.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
- T Was Sufant	20. DATE BF DEATH. NOV. 29 1946 1 930 p M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred oo the date above stated; that I attended deceased from
	19, to
7. Birth date of deceased (mo., day, yr.) 7200, 79 - 1946	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate course of death DURATION HOMIN
0 0 hrs. 0 55 min.	
9. Birtholace Sundante - V W	Due to
(Town, county, and state)	90° TO.
10. Usual occupation	Due to
11. Industry or business	
# 12. Name ONN MENNI	Other conditions
🔞 13. Birthplace W, VVW.	
14. Maiden name 190Rth A WILLS 15. Birthplace DUNGALIC, VY Md	(Include pregnency within 3 months of death)
15. Birtholace DUN d ALIC VY Md	Major fiedings of operations.
16. Informant John Mennot	Date of op.
1 215 11 0 0	Autopsy resulta
Address / G d / J / toccolored	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory MT Carmel	Where did injury occur?
Bet my	(City or towe) (County) (State) Injored at home, farm, lodustry, public place (where?)
Locatico	Means of injury injured at work?
18. Funeral director. Comment of the state o	And An An An Andrew
Address 2008 Valeurs for	1 () saves on a
19. 1 130 19 46 a. M. Hedrich (Dato ree'd by registrar)	Address Dullar V Date signed 19976
The Registrati	Address Date signed 7 5

MARGIN RESERVED FOR BINDING

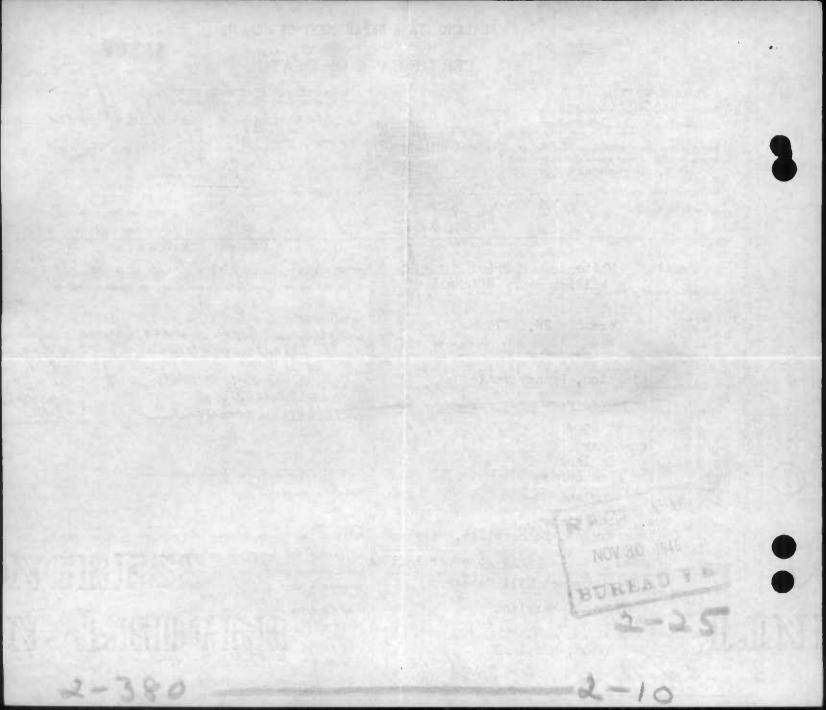
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

	Dist		38	1
4	80	6	38	-

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pressure infants kive residence of mother)
County Ballussa	Man I Pittan
(If outside city or town limits, watte KULAL and give ngarest fown)	State County Dawn
How love in above place of death? 6 wester /Home Jutumille)	(1f outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Calle as Have
/ 20 W. Chesapeake Avenue	Street No. Afrural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Cal Trouver	************************************
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20. DATE DE DEATH 15 19 46 81 1 45 M
6.(6) Name of husband or wife William Henry Mitchell	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
12	19 19 10
7. Birth date of Documber 29 1075	and that f last saw h allygr on 19
deceased (mo., day, yr.) December 20, 107)	Immediate france of death Acast descare Chronic DURATION
8. AGE: Years Monins Days It less than one day	with cornary occlusion I day
······································	
s. Birthplace Kingston, Pennsylvania	Que to a Chronic my ocastites with link with
(10wii, conney, and acate)	deensensation application
1D. Usual occupation. Housewife	Comosclesores Public
11. Industry or business At Home	UUC IU
E 12. Name Jonah Mayo	Diher conditions
12. Name Jonah Mayo 13. Birtholace England	
Anne Burden 14. Malden name England	(Include pregnsney within 3 months of death)
England	Major findings of operations.
	Date of op.
t6. Informant Mrs. Byron Bishop College Avenue, Lutherville, Maryland	Autopsy results
Address College Avenue, Lutherville, Maryland	PHYSICIAN: Flease under ine the cause to which death should be charged statistically.
Rurial November 18 39/	22. VIOLENCE: if death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Prospect Hill Cemetery	Where did injury occur?
Location Towson Maryland	injured at home, farm, industry, public place (where?)
O leas Mariage 1 de	Means of Injury / Injured 8t work?
18. Funeral director. 10.11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	D 01-01/1 100 200
Address / Towson, Maryland	1 (Solly to bladen Max DME
10 2 18 11 MARAGERION FORM	23. SIGNATURE M. D. or other
19. (Data rec'd by registry)	Tourson Med. 11/16/4/



411	N.	Charles	St.,	Baltimore	1

1	6	8	0	8	P

CERTIFICATE OF DEATH

ACC.		111	
Reg. Dist.	No	44	0

1. PLACE OF DEA	imore			(For newborn infants give residence of mother)				
City or town Fort	Howard			State North Carolina County Princeton				
		nits, write	RURAL and give nearest town)					
How long in above place	of death? 179 de	ays		City or town	town)			
Hospital, Institution, or	street address where d	eath occurre	d:	Street Mo.				
Veterans A	ims., Fort	Howar	d, Maryland	(If rural, give LOCATION)	/			
How long In hospital or	Institution?179	days		2.(a) If veteran, name war. World War (KI)	V			
3. (a) FULL NAME	ILLIAM R. 1	MOORE		3. (b) Social Security Nun	ber			
4. Sex	5. Cotor or race	6.(a) Sing	le, married, widowed, or divorced	MEDICAL CERTIFICATION				
Male	Colored		Single	2B. DATE DF DEATH	3.s.35Am			
& (h) Nome of husband	or wife			21. I CERTIFY that death occurred on the date above stated; that I attended deceased	from			
Office of Handons			(A) R - 10 10	5/15/46 19 ,10 11/10/46	19			
7. Birth dafe of	2/23/22		(c) If alive, give ageyears	and that I last saw h im alive on	019.46			
deceased (mo., day, y		Days	If less than one day	Immediate cause of death	DURATION			
8. AGE: Years	8	17		PULMONARY TUBERCULOSIS, FAR	7			
	rth Caroli		hrs,mln.		7 months			
9. Birthplace	(Town	ounty and	state)	Due to	plus			
	Student							
		***************		Due to				
11. Industry or business				ADODOO AD STANDARD				
12. Name De	eceased			Other conditions ABSCESS, LT, FEMORAL TRIANGLE				
	* 7 . * *	7		& SACROITING pregnancy within 3 months of death)				
14. Maiden name	Julia R. 1	loore			7 mths			
14. Maiden name	Unknown			Major findings of operations				
Clin	nical Reco	rds						
16. Informant			3	Antopsy results				
1	rt Howard,			22. VIOLENCE: If death was due to external causes, fill in the following;				
17 Bure	or removal. Which?)	Date the	reof. 11-15-46 (month) (day) (year)	Accident, suicide, or homicide				
			(month) (003) (3041)	Where did Injury occur? (City or town) (County) (St	***************************************			
Gemetery or cremato								
Localion Mu	ch cara	len	a	Injured af home, farm, industry, public place (where?)	***************************************			
18. Funeral director			Law	Meens of Injury Injured at work?				
Address & D	201		Enenue	R. Saul M. (100.				
1	4 -4			23. SIGNATURE R. W. CULLISON, M.D. Cland. orot	her			
18. (Date rec'd by res	ristrar) 19 4/6.		H. Bedush: Registrar	Address V. A. H. Ft. Howard, Md. Dafe signed	/f1/46			
				77				

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



★ 10809

CERTIFICATE OF DEATH

Reg. Dist. No. 301

1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County	
City of town. (If outside city or town limits, write RURAL and give nearest town) City of town. City or town. City or town.	
How long in above place of death? 11 year, 22 days (If outside city or town limits, write RURAL and give no	
Hospital Institution, or street address where death occurred	arest town)
Street No. Street No. (If rural, give LOCATION)	/
How long in hospital of institution? 11 years, 21 days 2.(a) If veteran, name war.	
3. (a) FULL NAME Mary a Munsu	Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION	
white widowed	10-25
ZU, DATE OF BEATK	
6.(b) Name of husband or wife	eased from
8.(c) If alive, give age years	19
7. Birth date of and that I last saw halive onalive on	19
Immediais cause of death	. DURATION
loggen & Mala	nnie
79 8 2hrs. min.	
9. Birthplace Maryland Duyto,	
(Town, county, and state)	bisease
10. Usual occupation Housework Due to	
11. Industry or business Home fraction with femine	
S C C C C C C C C C C C C C C C C C C C	***
	21114
3. Birthplace Marvland (Include pregnancy within 3 months of death)	The state of the s
14. Maiden name Ellen Long	
9	
Date of op	0 = = 0 = = 0 = = 0 = = 0 = = 0 = = 0 = = 0 P
16. Informant Hospital records Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged	statistically.
Address Catonsville-28, Maryland	
Date thereot	7 FT. 11 L
17. Bate of B	Martin San San San
Cemetery or crematory	(State)
W - I lained at home from tadjuston autilia place (where?) Hispan	lie
Location Marin of Injury beauty and the fall state of the work?	Gu
18. Funeral director	111110
Address Hageston Inde	ervi
NUMBER OF THE PROPERTY OF THE	1411-
23. SIGNATURE	or ther

2-300

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-6

W.
100
-

Reg.	Dist.	No.	3	0	1

10810

CERTIFICATE OF DEATH

No. T.6.8	NOV 26	CERTIFICA	TE OF DEATH Reg. Dist. No. 30
How long in above place Hospital, Institution, or Fort Howar	altimore rt Howard atside city or town li of death? street address where d Veterans tastitution? Oct.	mite, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
GE	ORGE L. MU	TRA	
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE	White	Married	20. DATE OF DEATH November 23, 19.46 , at 4:45 P
		nn Mura 	
8. AGE: Years 29	Months 7	Days If iess than one day 4hrsmi	Chronic slomerular nephritis 1-2 year
10. Usuat occupation 11. Industry or business 12. Name	Stud	eounty, and state) lent-Vocation School	Due to
64	36 777	1	(Include pregnancy within 3 months of death)
14. Maiden name	Pennsyl	asko vania	Major findings of operations
18. Informant	nical Reco	ords, vets. Adm. Hosp.	
17(Burial, cremation,	or removal, Which?	Date thereof Nov 27-194	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director: YORK Address B9/1/	Celen	Hoteld Weidel the	R. M. CULLISON, "N.D. CLIN. DIR.
19. 11-24	- 19HG	Afarry Muslin Registra	M. D. or other

MARGIN RESERVED FOR BINDING

VS A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

107

Date signed 11/29/46

CERTIFICATE OF DEATH

	Reg. Dist. No
1. PLACE OF DEATH: County BALTIMORE TOWSON (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Wospital, institution, or street address where death occurred: SHEPPARD AND EMOCH PRACT HOSPITAL tow long in hospital or institution? Since June 24, 1942	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Montgomery (if outside city or town limits, write RURAL and give nearest town) Street No. 1019 Woodside Parkway (If rural, give LOCATION) 2.(a) tt reterae, name war
3.(a) FULL NAME MURPHY, Mrs. Mary Cooley	3. (b) Social Security Number

3. (a) FULL NAM		irs. Mary (Cooley		3. (b) Social Secu
4. Sex Female	5. Celor or race White	6.(a)Single, married, widowed, or divorced Widowed		MEDICAL CERTIFICATION 20. DATE OF DEATH NO YEMBER 28 19.4	
6.(6) Name of husband or wife. Edward Murphy 7. Birth date of deceased (mo., day, yr.) July 6, 1870 8. AGE: Years Months Oays It less than one day 76 4 22 hrs. min.			21. I CERTIFY that death occurred on the date above stated; that I attended 19		
10. Usual occupation. 11. Industry or busines 12. Name	Housewife rtin Coole Ireland	y ne Brady		Other conditions	n 3 mooths of death)
Cemetery or cremat Location Sa V 18. Funeral director Address	HOSPITAL 1 & Buri Torremoval Which ory Cathed annah, C Lyame Bilver Sp	al Dale Thereot 1 ral hatham C compring, Md	o. Ga.	Mhere did Injury occur? (City or tow Injured at home, tarm, Industry, public place Means of Injury 23. SIGNATURE. (City or tow Injury Page 1)	cowhich death should be chauses, till in the toltowing; Date of (County) (where?) Injured at work?

21. I CERTIFY that death occurred on the date above stated; that I at	
	19
and that I last saw h.er alive oo November 28.	19.46.
Immediate cause of death Bronchopneumonia	
Pue 10	••••••
Due to.	
Other conditions none	
(leclude pregnancy within 3 mooths of death)	
Major findings of operations	
	onia
2. VIOLENCE: It death was due to external causes, till in the tolto	wing;
iccident, suicide, or homicide	te of
Where did injury occur?	y) (Stato)
njured at home, tarm, Industry, public place (where?)	
Means of Injury Injured at	work?
1. 14.	

VS A15

PLEASE WRITE

BALTIMORE COUNTY
MEALTH DEPARTMENT PEC 6 1819

RECEIVED



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95-6

CERTIFICATE OF DEATH

1. PLACE OF DE	EATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town(If How long in above plac Hospital, institution, o Vets. Adm	Fort Ho outside city or town I se of dealh? 392 or street address where h. Hosp., I	Days death occurre t. How	ard, Maryland	State Baltimore County City or town Maryland (If outside city or town limits, write RURAL and give neared Street No. 1032 Ensor Street (If rural, give LOGATION)	est town)
How long in hospital	or Institution? 392	Days		2.(a) If veteran, name war WW-2	•
3. (a) FULL NAM		IN P. N	URRAY	3. (b) Social Security N	umber
4. Ser Male	5. Color or race White		e, married, widowed, or divorced Single	MEDICAL CERTIFICATION 20. DATE OF DEATH. November 13, 19.46	2:10 P.
6.(b) Name of husband 7. Birth date of deceased (mo., day,		6.	c) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended decease Dctober 17, 19. 45, to November and that I last saw h imalive on November 13, Immediate cause of death. Diffuse cerebral	13,9 46
8. AGE: Yea	rs Months	Days 28	If less than one dayhrsmin.	Atrophy and sclerosis of occipital lobe of brain, cause undetermined.	DURATION 2 yrs.
1D. Usual occupation	Produce	Busine	state)	Due to Due to Differ conditions Disease of the Heart: cause Pheumatism, structural lesion-Mitral	2 yrs.
14. Maiden name	Marie Ga eland		, Clin. Records	Rheumatism, structural lesion-Mitral valvulities Manifestation-Senone Major findings of operations. Date of op. Antopsy results Confirming the above.	
Address Vet: 17 Burial 18 Euneral director.	s. Adm. Honology l on, or removal. Which tory New Cath Baltime Elmer W. (ore, Ma	C. Howard, Md. (month) (day) (year) Cemetery ryland	PHYSICIAN: Please underline the cause to which death should be charged at 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	atistically.
Address 924 // - / 19. (Date rec'd by r			lto, Md.	VA.Ft. Howard, Md. Address. Date signed.	11-13-46

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3/-0.

CERTIFICATE OF DEATH

10813 P
Reg. Dist. No. 440

1. PLACE (of DEAT	TH:			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	DECEASED:	
			Marvla	nd	State Maryland Coun	ty	************************
City or town Fort Howard, Mary Land (If outside city or town limits, write RURAL and give nearest town)					City or town Baltimore (If outside city or town limits,		
How long in above place of death? 5 days Hospital, institution, or street address where death occurred:							
		losp. For			Street No. 1608 N. Washingto	n St.	/
					(If rural, give I 2.(a) If veteran, name war. SAW		
17		nstitution?	uays		2.(a) If veteran, name war		
3. (a) FULI	NAME					3. (b) Social Security	Number
THOMA	S JOS	SEPH NAPE				non	_
4. Sex		5. Color or race	6.(a)Singl	le, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male		White		owed	20. DATE OF DEATH November 26	19 46	1 9:45A
		wife Della	anna	ref	21. I CERTIFY that death occurred on the date abov		
6.(b) Name of	husband or	wifeAmerican	5502		November 21		
7. Birth date o	t			c) If alive, give ageyears	and that I last saw him. alive on		
deceased (m		June 2	27, 187	6	Immediate cause of death		
8. AGE:	Years	Months	Days	It less than one day	Uremia		
	70	4	29	hrsmin.			plus
0 Ririkolaca	Bal	timore, 1	Id.		Due to Nephrosclerosis		Same
		(Town	, county, and	atate)			
10. Usual occ	upation	unemploye	ed		Due to.	***************************************	
11. Industry of	r business				(4)		
当 12 Name	Edwa	ard M. Na	apfel	(dec.)	Other conditions Disease of the	Heart Cause:	Same
		ltimore,			Other conditions Disease of the Hypertension & Arterio S.L: Candiac enlargem Manif: Myocardial Inst	osclerósis,	1 damage
					Manif: Myocardial Inst	ifficiency	ir akmage
E 14. Maide	n name 🗀	hristina altimore,		er(.uec)	modelia and and Arterios	lerosis, gene	ral
≥ 15. Birtho	ilace Ba	altimore,	Maryl	and		Date of op	***************************************
16. Informant.		** Y F & 75 **** X * & **	56.4	(# YYA 15 7 9	Autepsy results		- 40 -7 90
Address	Fort	Howard,	Maryla	nd	PHYSICIAN: Please underline the cause te whi		atatistically.
. /	Bu	iel:	. Date ther	nov 30-1946	22. VIOLENCE: If death was due to external cause		
(Burial, er	emation,	or remove Which	?)	(ponth) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory. Tarkwood					Where did injury occur?(City or town)	(County)	(State)
13alta ma					Injured at home, farm, Industry, public place (wh		
Location	10	4.10%	0 197	n (1 alton)	Means of Injury	Injured at work?	
18. Funeral director TV C T Cacata					Robert M. C	000.	
Address Pratty thickes (Its					25. SIGNATURE R.M. CULLISON,	M.D.CLIN.DIR.	
11/	29		(ile) Hectrick			or other
19. 19. Registrar					AddressVAH FT. HOWARD, LD.	•Date signed.	11-26-46

2411 N. Charles St., Baltimore Bd

10814

CERTIFICA	ATE OF DEATH Reg. Diat. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn into the give residence of mother)
City or town(If outside city of town limits, write RURAL and give nearest town)	State County Calls
How long in above place of death?	City or town
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Charles W	1 Heal 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Marrie A	MEDICAL CERTIFICATION 20. DATE OF DEATH. MEDICAL CERTIFICATION 72 19.40 19
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.) O. A. 3 1871	and that I last saw h
8. AGE: Years Months Days It less than one day	Immediate cause of death Cerebral Atemmorrage 12 hrs,
/3 / hrs. m	Wite: Sylvatic Strat la man
9. Birthplace	Due to. NG Case
10. Usual occupation.	Due to
11. Industry or business	Other conditions
12. Name Cocc Called 13. Birthplace	
14. Maiden name Maclic & Mallanna 15. Birthplace	(Include pregnancy within 8 months of death) Major findings of operations.
15. Birthplace	Date of op.
16. Intermatives Isange il: Meal	Autopsy results
Address 36 M Propert Cire	22. VIOLENCE: it death was due to external causes, till in the following;
(Burial, cremation, or removal. Which?) Date thereof	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Location	Injured at home, farm, industry, bublic place (where?) Mesns of injury Injured at work?
18. Funeral director. Carry Call Market Strategy of the Strate	Horny Cliston
10 11-23-10 46 Starrant Muller	23. SIGNATURE
(Date rec'd by registrar) Regist	rar Address Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:	Baltimore		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State			
City or lown	atonsville or town limits, write R 14 years, ss where death occurred or State Ho	19 days spital				
How long in hospital or institution?	14 years,	19 days	2.(a) If veteran, name war			
3. (a) FULL NAME	David Nick	ey		3. (b) Social Security N	umber	
4. Sex 5. Color or male whi		married, widowed, or divorced	MEDICAL CE	RTIFICATION	at10:20pM	
	6.(0	i ckey	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 7			
deceased (mo., day, yr.) 8. AGE: Years Monte 61 10		If less than one dayhrsmin.	Immediate cause of death		DURATION indef.	
10. Usual occupation		nisher	Due to	syphilis		
13. Birthplace Pe	nnsylvania ry Utz		Cther conditions			
	nnsylvania spital rec	or.ds.	Antopsy results			
Address Co	Date ther	28, Maryland eol 77 29 7946 (month) (day) (year) ranch lelin				
18. Funeral director Ges. Address 15 12 14:6	Poeger lins It	Balli 23 md	Injured at home, farm, industry, public place (whe means of injury 23. SIGNATUREIsadore	Injured at work?		
19. 1/291	949 9	W) praces	Cetonerille 28	MA Rata signad	11-26-46	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cortect age is especially important. Physicians: please write the causes of death clearly and legibly.

I MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10816

Reg. Dist. No. 42

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Dallinste	70.
(If outside city or town limits, write RURAL and give nearest town)	State Mag County A Mallius County
Mow long in above place of death?	(it outside city or own imita, write RURAL and give mareat toon)
Hospital, Institution, or street address where death occurred:	Street No. 4307 Kensington Kond
4307 /anga /a	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3.(b) Social Security Number
Elmer a. Noon	
4. Sex 5. Color or ace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male While Married	20. DATE OF DEATH MOVEMBER 10 19.46 at 6 P M
6.(6) Name of husband or wife Lizabeth amoss Voor	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
8.(c) It alive, give ageyears	
7. Birth date of deceased (mo., day, yr.) What 2,6 - 1906	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death
40 3 25 min.	tomorgan Bellinin
Betting med	
9. Birthplace (Toyn, connty, and state)	Due to
10. Usual occupation Astroloman	
11. Industry or business Baftimore City	Due to. Dy Alder Stall
12. Name Michael Moore	Other conditions
13. Birthplace Baltimore Md.	(Include pregnancy within Loronths of death)
14. Malden name Elizabeth Curringham. 15. Birthplace Balturise Md.	(Include pregnancy within k-months of death) Major findings af operations
15. Birthplace Ballupore W.C.	Date of op.
16. Informant Mrs Clarabeth a. Hoory	Antopsy results
Address 4307 Kinguston Icsas.	PHYStCIAN: Please underline the cause to which death should be charged statistically.
Bure 11-23-1946	22. VIOLENCE: It death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which) Date thereot (month) (day) (year)	Accident, suicide, or homicide
Cometery or crematory Carfuedia (Israeleu)	Where did injury occur? (City or town) (County) (State)
Location Baltimore md.	Injured at home, farm, industry, public place (where?)
18. Funeral director Flynn & Fleming	Means of Injury Injured at work?
1101 / 201 18 0	Mr. He was
Address 14 16 higher to 1	23. SIGNATURE M.D. or other
19. (Date ree'd by registrar) Registrar	Address / OCO Leele College Bate signed / W22

NOV 25 1016

VS A15.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6)

10817

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DE			2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	OF DECEASED:
			511.01	
City or town TO	wson 4, I	limits, write RURAL and give nearest town)	State Co	unty
			City or town Soldanore	
How long in above plac	s of death?	willi	(if outside elty or town limit	ts, write RURAL and give nearest town)
			Street No. 121/ Citebral	
EUCOWOOO.	Sanaror.	ium, Towson 4, Md.	(If rural, give	o LOCATION)
How long in hospital o	or Institution?	minute	2.(a) If vetsran, name war	
3. (a) FULL NAM	IE			3. (b) Social Security Number
20		MARCIA CROC	KER NOVES	none
4. Sox	5. Color or race	6.(a) Single, married, widowed, or divorced		
4. 401	111111111111111111111111111111111111111		MEDICAL C	ERTIFICATION
F-	W	Lengte	20. DATE OF DEATH	24 19 th 11 6534 M
			21. I CERTIFY that death occurred on the date ab	
6.(6) Name of husband	or wife		11 1 2 4 19	46 10 How 24 1946

7. Birth date of	- St.	n 20 1869	and that I last saw h	
deceased (mo., day,		Days If less than one day	Immediate cause af death	
O. 210M.		36	Yulmona	1242
70	0 10		Tutere	neris
a Bilbeless	Sarat	In New York	Oue to	
9. Birthplece	(Town	Jounty, and state)		
1D. Usual occupation.	Lebra	run		
11. Industry or busine	- 1	Cherengical Foult me	Due to	
	1 /	nortes	\$1.1.1.00.1.01.00.000.000.000.000.000.00	
12. Name			Other conditions	***************************************
	new	yorke o	(Include pregnancy within 8	months of death)
14. Maiden name	Cuthi	in Cropper		
5		w York	Major findings of operations	***************************************
15. Birthplace			***************************************	Date of op
16. informant	nistory.	- Hospital Records	Actopsy results	***************************************
		natorium, Towson 4. Me	PHYSICIAN: Please underline the cause to w	rhich death shoold be charged statistically.
Cre	mation	11/27/46	22. VIOLENCE: If death was due to external ca	uses, fill in the following;
(Buriai, erematio	n, or removal. Which	Dats thereof (month) (day) (year)	Accident, suicide, or homicide	Date of
Cemetery or crema	ory Gre	enmount Cem.	Where did injury occur?(City or town)	(County) (State)
Location	Bal	to., Md.	Injured at home, farm, Industry, public place (s	
18. Funeral director	WM . T. T	ICKNER & SONS	Mesns of Injury	Injured at work?
	Balto.	Ma	1/1/1/18	· Acer
Address	Datco	,	23. SUGRATURE	uagu
10 11-1	15-46	achedea		M, D, or other
(Date ree'd by r	egistrar)	Registrar	Address Towson 4. Mary	land Date signed

BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411	N.	Charles	St.,	Baltimore	(83-0)
------	----	---------	------	-----------	--------

10818	0
78	0
eg. Dist. No	

CERTIFICATE OF DEATH

	0 -	Rog. Disc. Roy
1. PLACE OF DEATH: Balling Av County Hillcrost Av City or town (If outside city or town limits, write		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infunts givu residence of mother) Md. State
How long in above place of death?	•••••••••••••••••••••••••••••••••••••••	City or town (If outside city or town limits, write RURAL and give nearest town) 2607 Hillcrest AYE.
How long in hospital or institution?	***************************************	(If rurat, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME Angelo	Panzarella	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Sing Male White	gle, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE DF DEATH 1946, at 7 00
8.(b) Name a ximulate wife Maria Panza: 7. Birth date of		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18. 16. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
deceased (mo., day, yr.) Nov. 8 1879	It less than one dayhrsmin.	Immediate cause of death Output DURATION LEVEL
9. Birthplace (Town, county, and to Usual occupation Shoesmaker	Italy state)	Due to.
11. Industry or business 12. Name Rosario Panzarel	la Italy	Other conditions
14. Maiden nameMichela Costa;	Italy	(Include pregnancy within 8 months of death) Major findings of operations
Maria Panzarella 2607 Hillcrest Ave	(Wife)	Autopsy results
(Burial, cremation, or removal. Which?) Cemetery or crematory Holy Redeemer	Nov.19 1946 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Belair Rd. Baltimo: 18. Funeral director 52 N. Morley St.		Injured of home, farm, Industry, public place (where?) Means of Injury Injured at work?
19	Dellos Registrar	23 SIGNATURE It as old a: guett L. D. M. D. or other Signed Will Signed Wil

ASE

PLE/

VS A15

The correct age

Evidence Informant Statement	for change 's name-Und -in person.	of dertake	46 LL	PARTMENT OF HEALTH ba St., Baltimore 30.6 TE OF DEATH Reg. Diat. No	>>>> 0
How long in above pla Hospital, institution, How long in hospital 3. (a) FULL NAI	imore Relay 27, outside city or town ce of death? 6/7/ or street address where Relay Sani or Institution? 6/	Md. imits, write 46 death occurre tarium 7/46	RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Md. Baltimore Cj Slate. County. Baltimore Cj City or town. (If outside city or town limits, write RURAL and give nearest town street No. 1009 Cathedral Street (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number	ty
4. Sex Male	5. Color or race White		ie, married, widowed, or divorced Single	MEDICAL CERTIFICATION 20. DATE OF DEATH	5 A.
	yr.) Feb.		(c) If alive, give ageyears 1882 If less than one day	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6/7/46 19	
9. Sirthplace 1D. Usual occupation 11. Industry or busin	Baltim (Town Clerk	county, and	hrs. min.	Due to Syphilitic meningo-encephalitis with cord bladder severa Due to You Other conditions (Include pregnancy within 3 months of death)	l ears

Major findings of operations.....

23. SIGNATURE JA. D. or other

CERTIFICATE OF DEATH

		LXO	
leg.	Diat.	No	

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	state Maryland County
City or town (If outside city or town limits, write RURAL and give nearest town)	City or town. Baltimore (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 Days Hospital, Institution, or street address where death occurred:	
Vets. Adm. Hosp., Ft. Howard, Maryland	Streel No. 130 S. Bouldin 8t., (If rural, give LODATION)
How long in hospital or institution? 4 Days	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
HOWARD MILTON PETERSEN	213-05-6341
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Divorced	
	20. DATE OF DEATH. November 13, 19.46 , at 7:15 A.
6.(b) Name of husband or wife Divorced	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birih date of 2007 2007	November 9, 1946 November 13,9 46
7. Birth date of 10-27-1887	and that I last saw h im alive on November 13, 19.46
deceased (mo., day, yr.) 10-2/-100/ 8. AGE: Years Months Days It less than one day	Immediaiu cause of death
59 0 16min.	Cerebral Hemorrhage 4 days
	plus Hypertension arterial 3 Yrs.
9. Birthplace Baltimore, Maryland (Town, county, and state)	
10. Usual occupation Unemployed	plus
	Due 10
11. Industry or business 12. Name William Petersen	Other conditions Hypertensive heart disease
II FI	
	Hemiplegia, right (Include pregnancy within 3 months of death)
E 14. Malden name. Susanna Atwell E 15. Birihplace Baltimore, Md.	Major findings of operations
Baltimore, Md.	Date of op.
16. Informant Registrar's Office, Clin, Records	Autopsy results
Address Vets. Adm. Hosp., Ft. Howard, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Buriol 11/16/46	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial Date thereol 11/16/46 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Oaklawn Cemetery	Where did injury occur?
Baltimore, Md.	injured at home, farm, industry, public place (where?)
LOCATION	Means of injury tnjured at work?
18. Funeral director. Henry Sander & Sons, Inc.	
Address North Ave. & Broadway, Balto., Md.	SIGNATURE ROBERT M. CLINICAM PREMOTOR
11-15,46 (M/Blobe	R. M. CULLISON, W.D. CLINICAM PREECTOR
(Date rec'd by registrar) Registrar	Address V.A. Ft. Howard, Md. Date signed 11-13-46

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE

A15 NS

MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

10821 8 Reg. Dist. No. 44/

	A HOUSE PROPERCY (TANKET) OF PROPERCY
Cuy or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother) State
3. (a) FULL NAME Hallie Phillips	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced male Tribule Ingle.	MEDICAL CERTIFICATION 2D. DATE DF DEATH
5.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above states; that I attended deceased from 19
8. AGE: Years Months Days If less than one day hrs. min. 9. Birthplace (Town, county, and state)	Fraction Clines genera, &
10. Usual occupation	Due to
14. Maiden name. Midde. Sweeker 15. Birthpiace Wa.	(Include pregnoney within 3 months of death) Major findings of operations
16. Informant Address / 7 3 2 Flor Territor Rd. 17. Man W. G. (Burial, cremation, or removal, Whieh?) Cemetery or crematory	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the tollowing: Accident, suicide, or homicide. Where did Injury occur? (City or town) (County) (State)
18. Funeral director Assures A Breeze of make Address 1407 Eastlern Two Rd. 19. (Date red by registrar) Registrar	Injured at home, farm, Industry, public place (where?) Meens of Injury Cuttoring fall injured at work? NO 23. SIGNATURE. Address. Address.

FOR BINDING RESERVED MARGIN ADING INK. Supply every item of information carefully. The c Physicians: please write the causes of death charly and legibly.

UNF important.

PLAINLY, V is especially

WRITE

PLEASE

VS A15

14/8/11 11/9/46

2411 N. Charl CERTIFICA	ea St., Baltimore	0
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:	***********
ounty 12 allumine	(For newborn infants give residence of mother) State	
(If outside city or town limits, write RURAL and give nearest town)	City or town	town)
ow lyng in above place of death?	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	uk loa
Kow long in hospilal or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Paller Hayword Post	3. (b) Social Security Nur 5-79-07-6	154
4. Sex 5. Color or race 6.(9/Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male mull! -		6.1
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased	0 /194
7. Birth date of deceased (ma., day, yr.) 886 (S. (c) If alive, give ageyear	and that I last saw he limmediate cause of death	DURATION
8. AGE: Years Months Days It less than one day		\
9. Birthplace		The terms of the t
10. Usual occupation La Barle	Oue to	
11. Industry or business	Dther conditions	
E 12. Name Luck	(Include pregnancy within 3 months of death)	
and the second s	(Include pregnancy within 8 months of death) Major findings of operations	
14. Maiden name	Date of op.	
16. Informani Br Carnine win place converse	Autopsy results	tistically.
Address with kind of R.C. Mor 29/4/	22. VIOLENCE: If death was due to external causes, fill in the following:	
Bate thereof (month) (day) (year)	Accident, sutcide, or homicide	
Cemetery or crematory	Where did injury, occur?	State)
Location Location	Meens of Injury Injured at work?	Au ,
19. Funeral director. MMLSS	mala	7 5
Address 170 1 Equation 14	29. SIGNATURE MICHELLEN	ther
" 46 (1. W. ARCH	Address Date signed	1

MARGIN RESERVED FOR BINDING

9.45

VS A15

WRITE

PLEASE

VS

MARYLAND ST	FATE	DEPARTMENT	OF	HEALTH
-------------	-------------	------------	----	--------

2411 N. Charles St., Baltimore 12

16000
10823
. 441

3. (b) Social Security Number

CERTIFICATE OF DEATH

OF DEATH	Reg. Dist. No. 44
. USUAL RESIDENCE (HOM (For newborn infants give reside	E) OF DECEASED:
tale Maryland	County
Baltimore	limits, write RURAL and give nearest town)
treet No. 302 S. Clinto	
(If rura (a) 11 veteran, name war WW I	I, gfve LOCATION)

	1			
1. PLACE O	F DEATH	imore		
County	Pant	Hamand		
City or town	(If outside	Howard	mits, write RI	URAL and give nearest town)
How long in abou	a place of the	1 de	ау	
Hospital, Instilu	tion, or street	address where	death occurred:	
Vets. A	dm. H	ospital	Fort	Howard, Md.
How long in hos	pital or Inst	itulion? 1	lay	
3. (a) FULL	NAME			
, ,		JOHN L.	• POPP	
4. Sex	5.	Color or race	6.(a)Single	, married, widowed, or divorced
Male		White	Di	vorced
		Divo	reed.	
6.(b) Name of h	usband or w	ife	1000	1,0000000000000000000000000000000000000
			6.(e) It alive, give ageyears
7. Birth dale of deceased (mo	., day, yr.)	6-20-189	95	
8. AGE:	Years	Months	Days	If less than one day
	51	4	19	hrs min.
	Relt.	imore, l	Md -	
9. Birthplace	Dalo	(Town,	eounty, and s	tate)
1D. Usual occu	nation Ba	rber	٩	
		••••		
11. Industry or		to Donn		
		in Popp		
₹ 13. Birthpl	ace Germ			3999 50353
14. Maider	Le Le	na Hahn	Popp	***************************************
6	Ge	rmany		
≥ 15. Birlhol	ace	al Page	nda Vo	te Adm Hosn.
				ts. Adm. Hosp.
Address	Fort H	oward,	Md.	
Burie	al		. Date there	and
(Burial, er	mation, or	removal, Which	7)	(month) (day) (year)
Cemetery or	crematory	Baltimor	e Natio	nal Cemetery
	E	Baltimor	e, Md.	
Location)		
1B. Funeral di	rector	ohn G. C	onnerry	<i>T</i>
Address	E	ssex, Me	ryland	
110	1///	· VI	1	her Is Connelly.
19(Date reg	d by regists	19. Cb	Total Sol	Rogistrar

MEDICAL CERTIFICATION

HEMORRHAGE IN TUBERCULOUS CAVITY IN APEX OF LEFT LUNG Due 10 Due 10 Dither conditions None (Include pregnancy within 3 months of death) Major findings of operations. Date of op. Autopsy results. Above diagnosis substantiated. PHYSICIAN: Please underline the cause to which death should be charged statistical 22. Violence: 11 death was due to external causes, 1111 in the following:	HEMORRHAGE IN TUBERCULOUS CAVITY IN APEX OF LEFT LUNG Due 10. Due 10. Dither conditions None (Include pregnancy within 3 months of death) Major findings of operations Date of op. Autopsy results Above diagnosis substantiated. PHYSICIAN: Please woderline the cause to which death should be charged statistically.			mber 9,	
Due 10	Due 10. Due 10. Due 10. Dither conditions None (Include pregnancy within 3 months of death) Major findings of operations. Date of op. Autopsy results. Above diagnosis substantiated. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: 11 death was due to external causes, till in the following: Accident, suicide, or homicide. Date of Where did Injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury injuged at work?	HEMORRHA	GE IN TUBERCUL	OUS CAVITY	DURATION
Due 10	Due 10. Dither conditions None (Include pregnancy within 3 months of death) Major findings of operations Date of op. Autopsy results Above diagnosis substantiated. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VfOLENCE: 11 death was due to external causes, 1 in the following: Accident, suicide, or homicide. Date of Whare did Injury occur?	***************************************			Sudder
Dither conditions None (Include pregnancy within 3 months of death) Major findings of operations. Date of op. Autopsy results. Above diagnosis substantiated. PHYSICIAN: Please underline the cause to which death should be charged statistical 22. VfOLENCE: 11 dealh was due to external causes, 1111 in the following:	Dither conditions None (Include pregnancy within 3 months of death) Major findings of operations Date of op. Autopsy results. Above diagnosis substantiated. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VfOLENCE: 11 death was due to external causes, 1 In the following: Accident, suicide, or homicide				***************************************
Other conditions None (Include pregnancy within 3 months of death) Major findings of operations Date of op. Autopsy results. Above diagnosis substantiated. PHYSICIAN: Please underline the cause to which death should be charged statistical 22. VfOLENCE: 11 death was due to external causes, 1111 in the following:	Other conditions None (Include pregnancy within 3 months of death) Major findings of operations Date of op. Autopsy results Above diagnosis substantiated. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VfOLENCE: 11 death was due to external causes, 1111 in the following: Accident, suicide, or homicide				
(Include pregnancy within 3 months of death) Major fiadings of operations	(Include pregnancy within 3 months of death) Major fiadiags of operations. Date of op. Autopsy results Above diagnosis substantiateds PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VfOLENCE: 11 death was due to external causes, 1111 in the following: Accident, suicide, or homicide. Whare did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury injured at work?	Due 10			
Major findings of operations	Major findings of operations	Other conditions No	one		
Major findings of operations	Major findings of operations	(îne	blude pregnancy within 3 month	s of death)	
Autopsy results. Above diagnosis substantiated. PHYSICIAN: Please underline the cause to which death should be charged statistical 22. VfOLENCE: 11 death was due to external causes, 1111 in the following:	Autopsy results. Above diagnosis substantiated. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VfOLENCE: 11 death was due to external causes, fill in the following: Accident, suicide, or homicide				
PHYSICIAN: Please underline the cause to which death should be charged statistical 22. VfOLENCE: 11 death was due to external causes, 1111 in the following:	PHYSICIAN: Please uoderline the cause to which death should be charged statistically. 22. VfOLENCE: 11 death was due to external causes, 1lll in the following: Accident, suicide, or homicide			Date of op	
	Accident, suicide, or homicide	Autopsy results. All PHYSICIAN: Please	bove diagnosis	substantiat	edstatisticsly.
A 14-1 suitable on homiside	Where did Injury occur?				
Accident, Suicibe, or nomicibe	Injured at home, farm, industry, public place (where?)	Accident, suicide, or	homicide	Date of	***************
Where did lajury occur?	Means of Injury Injury Injury	Where did Injury occ	ur?(City or town)	(County)	(State)
Injured at home, farm, Industry, public place (where?)		Injured at home, farm	n, Industry, public place (where?)	***************************************	
		Means of Injury			

NOV 14 1946 1-25 2-400 1-10

VS A15

correct age

MADVIAND	CTATE	DEPARTMENT	OF	HEALTI
MAKILAND	SIAIL	DEPARTMENT	Ur	Hr.Al. II

2411 N. Charles St., Baltimore 4000

CERTIFICATE OF DEATH

10824 Reg. Dist. No. 1141

/						
1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF	F DECEASED:	
7				State M.d. Cou	Baltimon	re
(If outside	city or town li	mits, write R	URAL and give nearest town)	City or town. Essex (if outside city or town limits		
How long in above place of dea Hospital, institution, or street	th?	Life				
			•	street No. 438 Rocky Po		
How long in hospital or instit				2.(a) If veteran, name war		
3. (a) FULL NAME					3. (b) Social Securit	y Number
	JOHN 3	J. POF	RTER		216-10-8	108
4. Sex 5. C	olor or race		e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
male v	vhite		married	20. DATE OF DEATH NOVember 29	1946	112.124
6.(b) Name of husband or wif	Cora	L. Po	orter	21. I CERTIFY that death occurred on the date abo	ve stated; that I attended de	ceased from
7. Birth date of	0-1-1		e) If alive, give ageyears	and that I last saw hand alive on	ov. 29	19 46
deceased (mo., day, yr.)	Octobe Months	Days	1901	Immediate cause of death		DURATION
0. 7.02.				Caremorna 9 1	Partie	
45	0		hrsmin.	Comment of 1	Causa	7 3/10
9. BirthplaceBalt	(Town,	county, and s	tate)	Due to		****
10. Usual occupation	Sub-For	reman.				*****
1f. Industry or business				Due to		•••••
			1	Other conditions.		
13. Birthplace Ba						
14. Maiden name. Anna M. Helldorfer 15. Birthplace Balto., Md. 16. Informant. Mrs. John J. Porter			(Include pregnancy within 3 n	nonths of death)		
S 15 Riethniace Ball	t.o 1	Md.		Major findings of operations.	Dain of an	
Mng	Tohn	T Por	ter	Autopsy results. ZCO		
170	Rocky	Point	Rd.Balto.21,M		uch death should be charge	ed statistically.
				22. VIOLENCE: If death was due to external cau	ses, fill in the following;	
(Buriat, cremation, or re	movai, Which?	Date there	month) (day) (year)	Accident, suicide, or homicide	Date of	
				Where did injury occur?(City or town)	(County)	(State)
Location Bal tu				Injured at home, farm, Industry, public place (wi		
				Msans of Injury	Injured af work?	
1			real Home	0 10		. 1
Address 7401 I	Belair	Road		23. SIGNATURE Secure FC 760/ Earler Secure	Vale M.	H
19 Dec. 2	19.46	Or low	D. Comelle	760/ Eastern De	2 M. I	O. or other
(Date rec'd by registra	r)	//	Registrar	Address	2 Date signe	121166

37616 2-25

2-440- 2-10

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Baltimore	Mashington, D.C. county	
City of town		
How long in above place of death? 9 Days	City or town Washington (if outside city or town limits, write RURAL and give n	earest town)
Hospital, Instilution, or street address where death occurred: Vets. Adm. Hosp., Ft. Howard, Md.	Street No. 80/ Portland St., S.E. Wash.	D.C.
How long in hospital or institution? 9 Days	(If rural, give LOCATION) 2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security	Number
FLOYD E. POSTON		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Widowed	20. DATE DF DEATH November 14,	3:23 A.
6,(6) Name of husband or wife Widowed	21. I CERTIFY that death occurred on the date above stated; that I atlended dec	eased from
O,(O) Name of nussame of wife.	November 5, 1,46 to November	
7. Birth date of	and that I last saw h im alive on November 14,	19.46
deceased (mo., day, yr.) 11-25-1898 8 AGE: Years Months Days If less than one day	Immediate cause of death	
o. Ada.	Pulmonary Edema	24 Hrs.
47 11 19hrsmin.		
9. Birthplace (Town, county, and state)	Oue to Hemolytic Icterus	
	Anuria	2 Days
10. Usual occupation	Due to	***************************************
11. Industry or business		
H 12. Name Robert F. Poston	Other conditions Cord Bladder	
	Hemiplegia, left. (Include pregnancy within 3 months of death)	
Elizabeth May McGoldrich 14. Malden name 7	Major findings of operations Operation: Transureth	
E 15. Birtholace	Resection Date of op. 11	
Registrants Office Clin Records	Autopsy results	
Vets Adm Hosp Ft. Howard Md.	PHYSICIAN: Please anderline the cause to which death should be charged	d statistically.
Address	22, VIOLENCE: If death was due to external causes, fill in the following:	
17. Burial (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide	
Cemetery or crematory Arlington National Cemetery	Where did injury occur?	
Arlington, Va.		
Location	Injured at home, farm, industry, public place (where?)	
18. Funeral director Oder Funeral Home, Inc.	Means of Injury Injured at work?	
Address 4644 York Road ,	(Korbert - M () Olice	100
Baltimore, Md.	23. SIGNATURE R. M. CULLISON, M.D. CLIMP	or other
Mass. 15 19.66 A. Kesnich	VA Et Howard Md Bate stand	77 7/ 16

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /7/-0

CEDTIFICATE OF DEATH

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County City or twwn	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County (If outside city or town limits, write RURAL and give nearest town) Street No. 2 2 County (If rursl, give LOCATION) 2.(a) If veteran, name war.
Cakins allen Pr	icl-
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of husband or wife. Mattie Gree 5.(c) If alive, give age 31 years 7. Birth date of 22, 1911	21. I CERTIFY that deals occurred on the date above stated; that I attended deceased from 19.46, to 20.46 / 14.6
8. AGE: Years Months Days If less than one day 35 8 44 hrs. min.	Immedia canacellent. DURATION Tractice Cloved perture Dugo.
10. Usual occupation alone 11. Industry or business Bethelen Aleel Corp 12. Name Aathan Price 13. Birthpiace S. C	Due to gas Crushed & almost Diter conditions are a
13. Birthplace 14. Maiden name 15. Birthplace 5.	(Include pregnancy within 5 months of death) Major findings of operations
16. Informant Matter Price Address 1202 MR Elderry Court	Autopsy results
Date thereof (month) (day) (year) Cemetery or crematory. Location (Nextern South Carolina)	Accident, suicide, or homicide
18. Funeral director Elean O Wilson Address 1000 Arang Fly and	23. SIGNATURE THE STATE OF THE
19. (Date rec'd by registrary (S)	Address Date signed

FOR BINDING RESERVED MARGIN WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and l

PLAINLY, V is especially

WRITE

PLEASE

VS ATE

. The correct age legibly.



PLEASE

VS A15

MARGIN RESERVED FOR BINDING

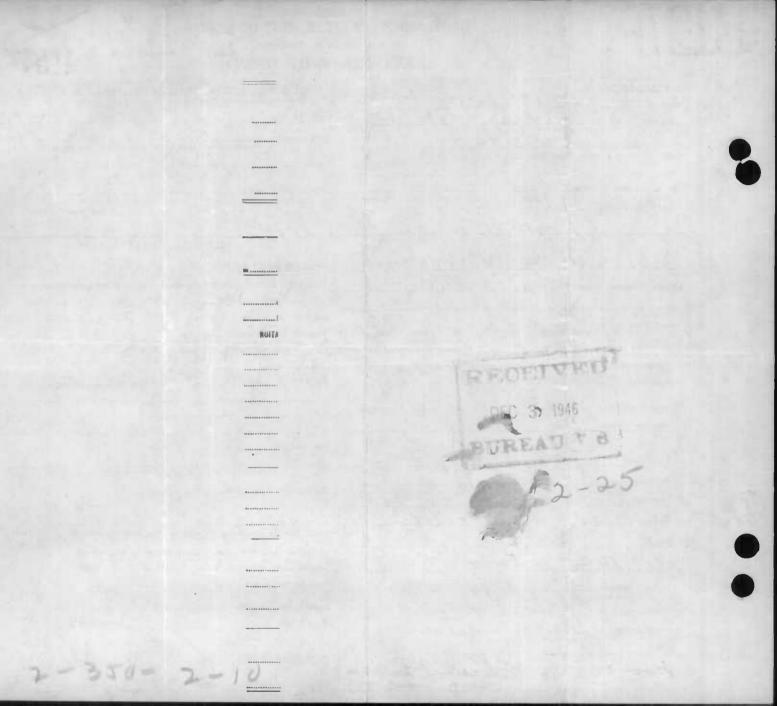
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 337

OBITITION.	Reg. Dist. No.
1. PLACE OF DEATH: By 1 + 1200	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother).
County Daltimore City or town Rura I near White Hall	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(If outside city or town limits, write RURAL and give nearest town)	7
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
pospilar, institution, of street audiess milete degrit occurrent.	street No. West Liberty.
How long in hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME	2.(a) If veteran, name war.
Thomas Laib P	3.(b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Mynnied	1
1.1916 1.1161.1161.	20. DATE OF DEATH NOUR M DEY 22, 1946 or 5,00Pm
6.(b) Name of husband or wife VIII	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	Nov. 181 1946, 10 Nov. 22, 1946
deceased (mo., day, yr.) fe bryayy 20, 1878.	and that I last saw h. wwwallye on
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
68 9 2hrsmin.	edeme + heart failure du
9. Birthplace (Town, county, and glate)	Due to to a chronica, mo caratto
10. Usual occupation	with advance on terio soler pois
11. Industry or business Own Farm,	Due to
x D	
12. Name For Springs	Diher conditions
	(Include pregnancy within 3 months of death)
14. Malden name = 1. z & Beth Hedrick. 15. Birthelace Shrews Dury Par	Major findings of operations
= 15. Birthplace Onrews Dury, Ja.	Date of op
16. Informany Lands All Charles	Autopsy results
Address Mall Hall Had R. D.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burlal, cremation, or removal, Which?) Bate thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or company State of S	m = 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(+ + + +)	
Location C. W. J. J. S. Olff M. J. J.	Injured at home, farm, industry, public place (where?)
18. Funeral director of the state of the sta	Means of Injury Injured at work?
Address / Hew Feregam Ta.	as consumed by man H. Gen in (V)
19 hoo 20. 1844 Chester Frakon	23. SIGHATURE M. D. or other
(Date rec'd by registrar) Registrar	Address & lewlar Moran (a note aloned Nov. 23 194



MARGIN RESERVED FOR BINDING

VS A15

2	
>	2
,	0

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46th

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

1			
70. 1	1150	11	1 10
-d	(Reg. Dist.	No 4	TI
- 100	LOE: Dist.		*********

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County 13 all		
City or town	State 200 County Dally	
How long in above place of death?	City or town	
Application, or street address where death occurred:	Street No. 507 Franklin ave.	
507 Franklin ave.	(If rural, give LOCATION)	, ,
How long in hospital or institution?	2.(a) If veteran, name war	·
3. (a) FULL NAME	3. (b) Social Security Number	
Kenny Reu	le-	
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
M W widower	20. DATE OF DEATH	OF N
8.(6) Name of husband or wife Lona Reuter Cree	21. I CERTIFY that death occurred on the date above stated: that I attended decessed from	46
(Choernler) 6.(c) If allve, give age years	and that I last saw h ' alive on May 4, 194 b 18	
7. Birth date of deceased (mo., day, yr.) Oct. 26 - 1872		
8. AGE: Years Months Days If less than one day	Immediate cause of death	אטו
74 - 8hrsmin.	Cacheyla	
	Farale and Dre	× 0-
9. Birthplace	Due to.	at Nothern
10. Usual occupation Scattices	Carcinom acores	2-2
	Due to arcuma	HARL
11. Industry or business	J- Marin	
12. Name. Unknown 13. Birthplace	Other conditions	
	(Include pregnancy within 3 months of death)	
t4. Malden name		
TLO AS SUB-LINE	Major findings of operations.	
≥ 15. Birthplace		
16. Informant Sars and Daughters	Autopsy results	
Address 507 Franklin ave.		
17	22. VIOLENCE: If death was due to external causes, fill in the following:	
17 Burial, cremation, or removal. Whileh?) Bate thereof (month) (day) (year)	Accident, suicide, or homicide	
Cemctery or crematory Swarly	Where did injury occur?	******
Location of Donnell St.	Injured at home, farm, Industry, public place (where?)	
College of the Colleg	Means of injury injured at work?	
18. Funeral director. Our Control of the Control of	0,111	
Address 418/Eastern Owe, Orsex?1, we	23. SIGNATURE and I Colochy mod	
11/16 Wh Only of County	25. SIUNAIUNE. M. D. or other	
(Date rec'd by registrar)	Address Schaaf Rd Ball. Date signed Navi T,	12
	G. Mal.	

2-440

VS A15

Serrect age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CEDTICICATE OF DEATH

1			
		38	7 1

16829

1/			CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH: Balto. County City or town			:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex	5. Color or race		RENCE E . ROBINSON	MEDICAL CERTIFICATION
Female	White	W	dow	20. DATE DF DEATH
6.(b) Name of husband o	A		obinson c) If alive, give ageyears 1881	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 15
8. AGE: Years 65	Months 6	Days 22	If less than one day	Immediate cause of death.
9. Birthplace		Fife		Due to Carrier of Retaining 2900 Due to Notation To Crim 1 1900 Differ conditions
14. Malden name Mary Bailey 15. Birthplace Balto. 16. Informant Mrs. W. W. Eckhart				(Include pregnancy within 3 months of death) Major findings of operations
17	Pik WM. J. T Balto.,	Date ther aid Rice cosvill CICKNEF	11/20/46 (month) (day) (year) ge Cem.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, euicide, or homicide

(State)

ADING INK. Supply eve Physicians: please write

BINDING

MARGIN RESERVED

important.

CERTIFICAT	E OF	DEA	TH
------------	------	-----	----

Reg. Dist. No. 32

1. PLACE C	F DEATH	imono			2
County		cimore	lson		S
				JRAL and give nearest town)	C
How long in abo Hospital, institu	ove place of de ution, or stree	t address where	death occurred:	mos.,27days Mt. Wilson	s
Branch	n, Md.	Tuber	culos	is Sanatorium	
		tution? O.yr	S., 9	mos.,27 days	2
3. (a) FULL	NAME	WHITTHO	m D 1	Radonhinan	
4.0	1 5 1			Rodenhiser	- 11
4. Sex	3. (
Male		White		Single	2
6.(b) Name of	husband or wi	fe			2
			6.(c)) If alive, give ageye	ars
7. Birth date of deceased (m	o., day, yr.)	Januar	у 15,	1898	a
8. AGE:	Years	Months	Days	If less than one day	= 1
	48	10	6	hrsm	in.
9. Birthplace Elizabeth City Co., Virginia (Town, county, and state)					
		Pipe			
			A	4	0
11. industry or		m A D	danh	icon	-
12 Name John A. Rodenhiser 13. 8irthplace Kent Co., Maryland				0	
El Roma Rekale					-
14. Malde	n name	ma ben	6.12		M
14. Malden name Emma Eckels 15. Birthplace Washington, D. C. 16. Informant William R. Rodenhiser					
16. Informant.	Willi	am R.	Roden.	hiser	A
Address	218 W.	Edgev	ale R	l., Brooklyn P	k . 32
17 R	lemova	1	Date there	of Nov 24 1976	A
Cemetery or crematory Green Lawn Cemetery					
				lews, Virginka	3 1
				, Inc.	
				Ito., Md.	
19. Nov	7. 21,	19 46	Car	17 Webster Registr	ar I
,					

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
state Maryland county Anne Arundel Co.
City or town Brooklyn Park (If outside city or town limits, write RURAL and give nearest town)
Street No. 218 W. Edgevale Road (If rural, give LOCATION)
2.(a) If veteran, name war
3. (b) Social Security Number
213-07-7369
MEDICAL CERTIFICATION
20. DATE DF DEATH November 21, 19.46 21
21. I CERTIFY that death occurred on the date above stated: That I attended deceased from January 25
and that I last saw himalive on November 21.,
Immediate cause of death OURATION Coronary Occlusion
Due to
Oue fo

(Include pregnancy within 3 months of death)

lajor findings of operations No operation

Pulmonary Tuberculosis

HYSICIAN: Please underline the caose to which death should be charged statistically.

2. VIOLENCE: if death was due fo external causes, fill in the following: coldent, suicide, or homicide.....

there did injury occur? (City or town)

njured at home, farm, industry, public place (where?)

Injured at work? Reans of Injury

Mount Wilson, Md. Date signed 11/21/46

NOV 26 1946
BERRATES

-320-1-10

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10831

Deley Exille Md Date signed 11/19/46

CERTIFIC	CATE OF DEATH Reg. Dist. No. 37
1. PLACE OF DEATH: County Baltimore City or town (If outside city or town limits, write RURAL and give nearest town) Now long in above place of death? Hospital, institution, or street address where death occurred: Baltimore How long in hospital or institution? ID mo: 25 & 2	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State
3. (a) FULL NAME Charles. W. S.	andlis 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced limited bringle 6.(b) Name of husband or wife	MEDICAL CERTIFICATION 2D. Date of Death 19 46 21 5 A.m. 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Nov - 18, 1872	and that I last saw h. Manager alive on
8. AGE: Years Months Days If less than one day 7 4	The contract of the contract o
9. Birthplace	Due 10. Due 10. Due 10.
12. Name Drewey Sanders 13. Birthplace 2 Massiland	Dither conditions Order All Colors all Color
14. Maiden name Many N. Please may land	Major findings of operations. Date of op.
Address 6027 Starton av. 418. M	Aatopsy results. PHYSICIAN: Please undersure the cause to which death should be charged statistically. 22 VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Cemetery or crematory	Where did injury occur?
19. Funeral director Sandon The Brook. Address Sparly, Mich.	Means of injury Injured at work? While the form of th
19. Nov 19 1946 Mm/J. Chiefe	23. SIGNATURE MUMICA M. D. or other gristrar Address Delley Girlle M. O Date signed M. J. 9 46

1-2-5

2 - 370

1-10

PLEASE WRITE PLAINLY, is especially

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 44-6

10832

CERTIFICATE OF DEATH

· · · · · · · · · · · · · · · · · · ·	
1. PLACE OF DEATH: Protomuse	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Survives Survives Station	State MA: County Dalte.
(If outside city or town limits, write RURAL and give nearest town)	City or town Jurneus Station
How long In above place ot death?	(If outside sity or town limits, write RURAL and give nearest town)
	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME WM F. Schael	3. (b) Social Security Number
Male White Married Widowed, or divorced Was	MEDICAL CERTIFICATION 20. DATE OF DEATH. MEDICAL CERTIFICATION 19.46 91 ///5/P.M.
8.(b) Name of husband or wife Mary 3. Schaffer	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of 0.cf. 21 - 1908	and that I last saw ham alive on Mot 3 - 19 46 - 19
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
38 D /2min.	aring frame of respond
9. Birthplace (Baltimore (Town, county, and state)	Due to.
10. Usual occupation Joll Collector	Due jo
11. Industry or business Sparrows Pt; Co.	DUG 14.
12. Name Baltings 13. Birthplace Baltings	Dther conditions
14. Maiden name Mary Schmidt	(Include pregnancy within 3 months of death)
15. Birthplaco Baltimore	Major findings of operations.
Min Maris To Solvallas.	Autonsy results.
16. Informant 1/17 Courts of Green - Lynn Ct t. L.	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address // Compar row - Surney Station	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
(Burial, cremation, or removal. Which?) Date thereof	Accident, suicide, or homicide
Cemetery or crematory 1000000000000000000000000000000000000	Where did injury occur?
Location Baltimere	Injured at home, tarm, industry, public place (where?)
18. Funeral director Philip Herries Sons	Means of Injury Injured at Work?
Address 2024 Orleans St.	al hours ma
Olen 5 46 GW He !!	23. SIGNATURE M.D. or other
(Date ree'd by registrar) Registrar	Address NIMers Station Made signed 1 14/46

2411 N. Charles St., Baltimore 5200

4	- 1	1	0	13
	10	14	3	4
	10.00	0	U	U

CERTIFIC	ATE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State M. d. County Ballo
(If outside fity or town limits, write RURAL and give nearest town)	City or town(If outside city or town limits, write RURAL and give rearest town)
How long in above place of death?	Street No. 3. 6.12 angels and
	(If rural, giw LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Hrank Schner	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m w married	20. DATE OF DEATH. 70 01. 25 19.46 at 2 a
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above etated: that I attended deceased from Years and that I last saw h. 62274
deceased (mo., day, yr.) 8. AGE: Yeare Months Days It less than one day 9	Immediair cause of death Alexa DURATION COLLEGE OF THE STATE OF THE ST
10. Usual occupation. 11. Industry or business 12. Name Se Pul d. S. Chrise class 13. Birthplace Hunguine.	Due to
14. Maiden name Elycleth	Major findings of operations as above.
2 15. Birthplace VS and	Date of op. May 194
16. Interment Masy Schneder	Antopsy results.
Address 38th augulio Ra	PHYSICIAN: Please underline the cause to which death should he charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the tollowing:
17 (Burial, cremstion, or ramoval. Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory How Crut	Where did injury occur?
Location Redelind Highway	Injured at home, farm, Industry, public place (where?)
18. Funeral director & deveral Hardson	Means of Injury Injured at work?
Address 2359 Wash Block	23. SIGNATURE Starm Locidal Pur
19. (Date ree'd by registrar) 18 Regris	strar Address Howard St. Date signed 1/35/4

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE

2411 N. Charles St., Baltimore 93-2

10834

11/16/46

CEDTICIOATE OF DEATH

/			CERTIFICAT	E OF DEATH Reg. Diat. No	001		
. PLACE OF DEAT	Dollas.	more		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
lity or town(If outs (ow long in above place of lospital, institution, or str Spring G	Caton ide city or town i death? 2 mo eet address where rove Sta	sville imits, write RU nths, 7 death occurred: te Hosp	ital	State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 2020 N. Calvert St., Baltimore, Md., (If rural, give LOCATION) 2.(a) If veteran, name war.			
3. (a) FULL NAME	Adela	ide Sch	ultz	3. (b) Social Security	Number		
I. Sex 5	. Color or race	6.(a)Single.	married, widowed, or divorced	MEDICAL CERTIFICATION			
f	W		married	20. DATE OF DEATH	6, 16:35 au		
		6.(c)	ultz	21. I CERTIFY that death occurred on the date above stated; that I attended dec September 9 19. 46., to Novemb and that I last saw h. er. alive on November 16.	ceased from e.r161946		
deceased (mo., day, yr.)		ber 16,		Immediate cause of death			
8. AGE: Years	Months 2	Days	if less than one dayhrsmln.	Right ventricular hemorrhage	12 hpa		
9. Birthplace	ew York	county, and st	ate)	Due to Malignant hypertensive cardio- vascular disease			
10. Usual occupation 11. Industry or business	home	*.**		Due to			
10-5		er		Other conditions pregnancy			
13. Birthplace	Missouri	1.7 demen	3	(Include pregnancy within 3 months of death)	***		
15. Birthplace	New Jers			Major findings of operations			
16. Informant H		Records	MA.	Autopsy results			
Address 72 444	1.		it (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide			
C emetery ac crematory.	Green	a Mon	nT	Where did injury occur?(City or town) (County)			
Location	Bal	to.	nd,	injured at home, farm, industry, public place (where?)	******		
18. Funeral director	Willia	in C	ook Inc.	Means of Injury Injured at work?			
Address /2		Pau	e F	Tsadore Tuerk			
11-18	46	aux	feder 6	Catonsville 28, Md. M. D	or other		
(:)ate rec'd by regis	trar)	3 7 (Registrar	Address	11/10/40		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctage is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN PESELVED FOR BINDING

VS A15

10835

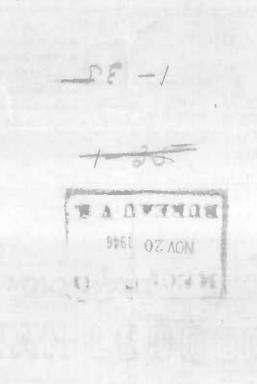
CERTIFICATE OF DEATH

			9		1
200	Dist	No	りと)	/

		rles St., Baltimore 73	1000	
/	CERTIFICA	TE OF DEATH	Reg. Diat. No. 30	
1. PLACE OF DEATH: County Baltime City or town Catonst (If outside city or town limit How long in above place of death? 20 ye Hospilal, institution, or street address where death Spring Grove State How long in hospital or institution? 20 ye	ville ts, write RURAL and give nearest town) ears, 24 days th occurred:			
A CONTRACTOR	her A. Scott		3. (b) Social Security Number	
1,000	6.(a) Single, married, widowed, or divorced		CERTIFICATION	
male white	single	20. DATE OF DEATH. November	17 19 46 31 5:40	
8. AGE: Years Months 50 8 2 9. Birthplace	Oays of less than one day 26	and that ! last saw him alive on	About 2 m	
10. Usual occupation		Oue 10		
11. industry or business ?				
	cott	· Other conditions		
13. Birthglace Canada		(Include pregnancy within	3 months of death)	
	man			
15. Birthplace Massachus	etts		Date of op.	
16. Informant Hospital	records	Autopsy results. NONE PHYSICIAN: Please underline the cause to	which death should be charged statistically.	
17(Burial, cremation, or repoval, function?) Cemetery or crematory (LUM)	10-28, Mary land Oale thereof 11-20-46 Oale thereof 11-20-46 Oale thereof 11-20-46 Massouth Mass outh, Mass	22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide		
18. Funeral director Geo. 6.1 Address /5/3//follins	Beyer Jr.		tnjured at work?	
19. 11-19- 1946	11 11. 7/1. 10		28, Md. Rate signed 11-18-	

MARGIN RESERVED FOR BINDING

VS A15



V. S. No. 1

				10	-	2	ATION	GIIJO	1	and the state of t	MOTHED	1	1	1	2
			/			ertificate.	k of c	on bac	ctions	TION is very important. See instructions on back of certificate.	portant.	y im	s ver	TION i	
TIDA	000	30	ctatomont	Hvant	CATISE OF DEATH in ulain terms so that it may be annually alossified. Event statement of OCCITEDA	proporty	a Po	it man	co that	in forme	TH in als	DEA	OF	CAIISE	/
state	plnou	S	YSICIAN	Y. PH	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	stated E	d be	shoul	AGE	r supplied.	carefully	ld be	shou	mation	
infor	Jo m	r ite	RD. Every	RECO	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor	IS A PEI	LHIS	INK	DING	H UNFA	LY, WIT	NIV	E PI	-WRIT	N.B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH County Baltinge	Registration Dist. No. 346
Village or City White House (IF	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Softman Strandline (a) Residence (vo. White Source)	Stales 5th District
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (wrige the word) OR DIVORCED (wrige the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mussile B. Seaks	22. I HEREBY CERTIFY, That I attended deceased from November 5. 1946 to 2007 19
6. DATE OF BIRTH (month, day, and year) Savusatry 25-1869 7. AGE Years Mont Days If LESS than	I last saw hard alive of 2007 19 1946; death is said to have occurred on the date stated above, at 9.30 Cm.
8. Trade, profession, or particular	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	apoplery-hemifilegia of 7 am.
10. Oate deceased last worked at this occupation (month and year) this occupation	
12. BIRTHPLACE (city or town) Baltimore Go. and. (State or country)	Other Contributory Causes of importance: Christia - Selevosis and
13. NAME Frederick Seaks	riggieriension - 13,5 100
14. BIRTHPLACE (city or town) Selmony (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Suson millinder	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Mennie L. Seaks (wife)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Strace, M. E. Date Not 22, 1946	Manner of Injury
19. UNDERTAKER Edward & Tipton (Address) Famps toach and.	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED MAT 21/, 1946 GE Fortle Ind	(Signed) Certil E. Fanble M. D.

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting U. S. No. 2.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	1-35
------------	-------	-----	---------	------------	----	-----------	------

2411 N Charles St Baltimore 12/50

	-
	4
-	-
7	

CERTIF	CATE	OF	DEA	TH

	Reg. Dist. No
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Raspeburg (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Mospital, institution, or street address where death occurred: 6 Henry Ave	State Maryland County Catherine As in No 1 Carpeture (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, Se LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Ida V Shipley	3. (b) Social Security Number Non⊖
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced White Widowed	MEDICAL CERTIFICATION NOV 3 1946 3.10 A.M.
6.(b) Name of husband or wife Wm H Shipley 6.(c) If alive, give age years 7. Birth date ol deceased (mo., day, yr.) May 19 1873	21. I CERTIFY that death occurred on the date above elated; that I attended deceased from Dec . 28 19 45 10 NOV . 3 19/946 and that I last saw h. E.R. alive on NOV . 3 19/946 19
8. AGE: Yeare Monthe Daye If lees than one day 73 5 14 hrsmin.	CARDIAC FAILURE, TERMINAPN. 2 CAYS
9. Birthplace Baltimore County Md (Town, county, and state) At Home	Due to CARDIO-RENAL VASEULAR 15 YEARS AND DISEASE DUE TO CHRONIE MYOCARDITIS 2 YEARS
11. Industry or business 12. Name David Gilland	Other conditions.
14. Maiden name. Mary Crosly 15. Birthplace Baltimore City Md	(Include pregnancy within 8 months of death) Major findings of operations
16. Informant David Shipley Addrees 3135 Chesley Ave	Autopay results PHYSICIAN: Please underline the caose to which death aboutd he charged statistically.
17. Burial Date thereof 11/6/46 (Burial, cremation, or removal, Which?) Cemetery or crematory Parkwood	22. VIOLENCE: Il death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Baltimore Md 18. Funeral director Jassahu Juneral Home	Injured at home, farm, Industry, public place (where?)
Addrese 7401 Belair Road Balto 6 Md	23. SIGNATURE John & Houselfeld Wic.
(Date rec'd by registrar) 19 4.6 mas G. d. Responsalis	Addrese 6919 HARFORD Rd Date signed 11/3/1946

MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legibly

A15

SN

WRITE PLAINLY, is especially

PLEASE

De grof Hirsch feld 11-12 30 6-8

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

		CERTIFICA	TE OF DEATH	Reg. Dist. No	
1. PLACE OF DEATH: County Overlea			2. USUAL RESIDENCE (HOME (For newborn Infants give residence	OF DECEASED:	
			State Maryland	County Overlea	•••••
City or town. Raltimore (If outside city or town I			City or town Baltimor	e imits, write RURAL and give nea	rest town)
Hospital, Institution, or street address where 403 Walcot	dealh occurred: t Road		streel No. 403 Walcott	Road	***************************************
How long to hospital or institution?			2.(a) If veteran, name war	***************************************	
3. (a) FULL NAME Ma	rgaret	Slater		3. (b) Social Security	Number
4. Sex 5. Color or race	6.(a) Single, mai	rried, widowed, or divorced	MEDICAL	CERTIFICATION	
feamle white	w	idowed	2D. DATE OF DEATH		
6,(b) Name of husband or wife			21. I CERTIFY that death occurred on the date	a above stated; that t attended dece	16, 19.4
7. Birth date of deceased (mo., day, yr.) July			and that I last saw h alive on		
8. AGE: Years Months	Days I	f tess than one day	aluiscle	sette	
78	••••	hrsml	n. cardo - c	Jascular	2 4
9. Birthplace Baltimor (Town, at h. 11. Industry or business	e. Md., county, and state		Due to		
	nderlic	h	Diher conditions	99	
12. Hame ? Wu 13. Birthplace ?		٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠		***************************************	
			(Include pregnancy withi		
		or	Major findings of operations		
16. Informant Family		***************************************	Aatopsy results	o which death should be charged	statistically.
Address 403 Walco			22. VIOLENCE: If death was due to externa		
17. Burial (Burial, eremation, or removal. Which)	Date thereof	11/19/46 (month) (day) (year)	Accident, suicide, or hemicide		
Cemelery or crematory					
Location			1 44	e (where?)tnlured at work?	
18. Funeral director Leons	rd J. R	uck	Means of Injury	injured at work?	
Address 5305	Harford	Road -14-	23. SIGNATURE Hard	a. Cod	£ 14.
19. (Date ree'd by registrar)	0	21. Keller 29 Registr	C 2 4	м, л,	or other

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The con-MARGIN RESERVED FOR BINDING

VS A15

tside city or town limits, write RURAL NEAR and give town)

William Sanford

1. PLACE OF DEATH

3. (a) FULL NAME

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) ___
Stay in this community (yrs., or mos., or days) __

610 Bosley Ave.

CERTIFICATE OF DEATH

*

Reg. Dist. No. 381

	-	-		
6.0	1	M	1	
1		VI.		
	-	-		

2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

4. Somale	5. Color or race		married, willowed, or divorced	
6 (b) Name of husband or			oin Smith	ars
7. Birth date of				
deceased (mo., day, yr.		April 14		
8. AGE: Years	Months	Days	If less than one day	
83	7	6	hrs	m
9. Birthplace Cons	Electr	i, county, and s		
11. Industry or business		red		
里 12. NameUI	ıkmown			
12. NameUI	11			
HI 14. Maiden name	19			
16. Informant _ Mrs.	Ross W	Ноорег	•	
Address Ell:	cott Cit	by, Md.		
17. Burial (Burial, cremation, c Cemetery or crematory Location	r removal. Which		Hill Cem.	
Address	Balto.,	Md.		
19. (Date rec'd by reg	- 46 istrar)	Bu	Registrar	-
	25		2-380-1	=/

2. USUAL RESIDENCE (HOME) OF DI (For newborn in ants give esidence of r	CCEASED: mother) Rattimore	
City or iown—(If outside city or town limits, wr	to RURAL NEAR and give town)	
Sireet No	LOCATION)	
with	3. (b) Social Security Number	1-0-100 1-0-10
MEDICAL GET HOVENNE	RTIFICATION L 20 19 46 , at 6 A .M	
21. I CERTUR that death occurred on the date about 30 19 46		
Immediate cause of death Heart dus	punted 9 mo	-
Due to Coronary artery to	unuboris 3/20/4	6
Due to	es who	
(Include pregnancy within 8 m	onths of death) PHYSICIAN	-
Df operations	Please underling the cause to white death should be charged statistically.	ch
Df autopsy 22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	es, fill In the following;	
Where did Injury occur?(City or town) Injured al home, farm, Industry, public place (w	(County) (State)	
Means of Injury	Anjured at work?	_
23. SIGNATURE TOWN.	M. D. or other M. D. or other M. D. or other M. D. or other	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 550

1(841) P
Reg. Dist. No. 44

1. PLACE OF DE	ATH: imore			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town	t Howard, butside city or town li of death? 9 da street address where Hosp. For	t Howa	rd, Md.	State Maryland County Baltimore City or town Baltimore (If outside city or town limits, write RURAL and give nessest tow Street No. 2008 E. Pratt St., Baltimore, Nd. (If rural, give LOCATION) 2.(a) If veteran, name war. WW-II		
3. (a) FULL NAM				3. (b) Social Security 1	Vamher	
ROY E. S	NYDER			213-09-6111		
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White	Mar	ried	20. DATE OF DEATH November 16 19 46	6:25 A	
6,(b) Name of husband 7. Sirth date of deceased (mo., day,	Ootoboo	6.(6) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended decea November 7 19. 46, to November and that I last saw h. im alive on November 16	16 19 46	
8. AGE: Years		Days 1.6	tf less than one dayhrsmin.	Immediate cause of death. Multiple Myeloma	3 mos.	
9. 6irthplace	Sheet met	al wor	ker ceased)	Due to		
13. Birthplace M		Warfie	ld	Dilateral (Include pregnancy within 8 months of death) Major fieldings of operations		
	nical Reco t Howard,		ts. Adm. Hosp.	Autopsy results		
17. Burial (Burial, cremation			of Nov. 19-1946 (month) (day) (year) ional Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
			Balto Md.	Injured at home, farm, tadustry, public place (where?)		
18. Funeral director Address 464	Oder Fune	ral Ho	timore, Md.	Meens of Injury Robert M. Clin 23. SIGNATURE R. M. CULLISON, M.D. CLIN.D. M.D. O.	TR	
Date rec'd hy re	gistrar)		Registrar	Address VETS . ADM . FT . HOWARD , MD . Date signed	11-16-46	

MARYLAND STATE DEPARTMENT OF HEALTH

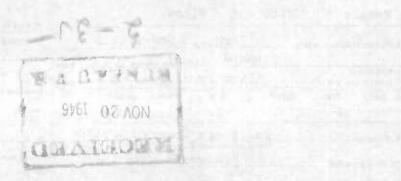
2411 N. Charles St., Baltimore

		-01A	
Reg.	Dist.	No.	

1. PLACE OF DEATH: Baltimore County Baltimore City or town Kandallstown (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME Annie Elizabeth Stansfield 4. Sex 5. Color or race 8. (a) Single, married, widowed, or divorced 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Baltimore County Baltimore City or town. City or town. (If outside city or town limits, write RURAL and give neares (If outside city or town limits, write RURAL and give neares (If rural, give LOCATION) 2. (a) It veteran, name war. 3. (b) Social Security Nu MEDICAL CERTIFICATION	mber
A Say 5 Color or race 1 S (a) Startle married wildowed as discord	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced MEDICAL CERTIFICATION	
Female White Widow 20. DATE DF DEATH No vember 6 46	7 P
8.(6) Name of husband or wife. Randolph Stansfield 21. I CERTIFY that death occurred on the date above stated; that I attended deceased Deceased 8.(c) it alive, give age years deceased (mo., day, yr.) Jamuary 26,1865 21. I CERTIFY that death occurred on the date above stated; that I attended deceased mo. 1944, to 1447, to 1	d from
8. AGE: Years Months Days Itless than one day 81 8 11	DURATION
8. Birthplace	
12. Name. Clagett Diher conditions	*****
(Include pregnancy within 8 months of death) 14. Maiden name. Major findings of operations. Bate at an	
16. Informant Mr. Sandusky Autopsy results	
Address Winans Road , Randallstown Maryland 17. Burial Date thereof Movember 9.46 (Bnrial, cremation, or removal, Which?) Cemetery or crematory. Mt. Olive Randallstown Maryland Location Randallstown Maryland PHISCIAN: Please undering the came to which death should be charged starting the came the came to which death should be charged starting the came the	itate)
Location Injured at home, tarm, industry, public place (where?) 16. Funeral director. Frank H. Newell Means of injury injured at work?	(*****************************
Address Pikesville, Maryland 19. 11/6/ (Date reg'd by registrar) Pikesville, Maryland 23. SIGNATURE C. Martin M. D. or o	11/

VS A15

CERTIFICATED SECRETARIO



2411 N. Charles St., Baltimore 52.

CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Dalle To	Da. 1 B-100-1
City or town(If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death? 36	City or iown (if outside city or town limits, write RURAL and give nearest town)
Hospilal, Institution, or street address where death occurred:	Street No. 66907 Bonson ave
4807 Bendon and	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) tf veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Tablia Carolina Strel	none
4. Sax 5. Color or raca 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Hemale white Married	20. DATE OF DEATH. 1944
1 of The Desirate	21. I CERTIFY that death occurred on the data above stated; that I attended deceased from
B.(b) Name of husband or wifa	May 10 Plots 15.18/16.
7. Birth date of	and that flast 22 w h An allve on Albora 15 18 6
deceased (mo., day, yr.) Seff. 15 1894	Immediate cause of death
8. AGE: Years Months Days If less than one day	Carcinana & Made the
62 2 0hramin.	& Tenal the totalist
8. Birlholace Baltimore City Mo	Due to
8. Birlhplace(Town, county, and state)	Myscondition & com
10. Usual occupation	Que to possible composition
11. Industry or business	A STATE OF THE STA
H 12. Name All Andrews	Other conditions The State of T
\$ 13. Birtholaco Balting wal	
14. Maiden name Destroring Brauls	(Include pregnancy within 3 months of death)
15. Birthplace Bellevin My	Major findings of operations.
M O TO ST. O' /H &	Date of op.
18. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address \$ 807 Banson are Baltimore 27	22. VIOLENCE: tf death was due to external causes, fill in the following:
(Burfai, cremation, or removal. Which (Burfai, cremation, cremation))	Accident, suicide, or homicide
Land And Fredo	Where did injury occur?
Cemetery or crematory	
Location Dallymore & any language	Injured at home, farm, Induatry, public place (where?)
18. Funerat director Lewing L. Achivab	Means of Injury Injured at work?
Address 2101 Grederick avenue	MOIDING Ones
9. 1 11 11 01 11 01	23. SIGNATURE M. D. or oppor
Date rec'd by registrar) (Date rec'd by registrar)	Address Date signed Ec/ 1/5/1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15



Dr. Hirschfield 6919 Harford Rd.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13)

10843

Reg. Dist. No.....

1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
7	Paltimon.	۵	***************************************	state Maryland county Glen Arm			
Cliy or town(If or	utside city or town i	mita, write R	URAL and give nearest town)				
llor long in above place	of death?			City or lown Boltimore (If outside city or town limits, write RURAL and give nearest town)			
Mospital, institution, or				Street No. Long Green Road			
	long Gree	en Ros	ıd	(If rurai, give LOCATION)			
How long in hospital or	Institution?		***************************************	2.(2) If veleran, name war			
3. (a) FULL NAME				3. (b) Social Security Number			
•	На	rry F	rancis Staylor				
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION			
male	white		manried	20. DATE OF DEATH. 200 10 46 at 3 Am			
6.(b) Name of husband	Tá	le F	Stevlor	21. I CERTIFY that death occurred on the date above stated; that I attagged deceased from	_		
				Ceal 17 46. Mor 20 41	2		
7 Plath date of		6.(0	th olive, give ageyears	and that t last saw h i M alive on Nov. 19 18 46	5		
deceased (mo., day, yr.) Jan. 9, 1877				Immediate cause of death Chronic Myonardias DURATION	-		
8. AGE: Years	Months	Days	If less than one day	2 mas			
69	10	11	hrs min.	Vulmonary Edema 2 dan	9		
	Baltimor	e. Md	•	Due to Hunersemuse Carolio-reups	*****		
9. Dirthplace			tate)	Misease y year	17		
10. Usual occupation	retire	ed		Buole			
11. Industry or business				Due 10.			
- 4 4	rank Sta	avlor		Diber conditions	200 000		
一	Md				,		
				(Include pregnancy within 3 months of death)	-		
14. Maiden name	Martna	Bunce		Major fiadings of operations			
14. Maiden name		Md.		Date of op.			
16. Informant Mr	s. Ida	E. Sta	vlor	Autopsy results			
				PHYSICIAN: Please underline the cause to which death should be charged statistically.	_		
		n Road	l, Glen Arm, 11/23/46	22. VIOLENCE: If death was due to external causes, fill in the following;			
Burial, cremation,	L	Date ther	(month) (day) (year)	Accident, suicide, or homicide			
		ual:	Radaemer				
Cemetery or cremato	гу		Redeemer	Where did injury occur? (City or town) (County) (State)			
Location		Bali	imore	Injured at home, farm, industry, public place (where?)			
18. Funeral director	Leonar	d J. F	luck	Means of injury Injured at work?	Total Contract		
Address			Road -14-	Joun H. Horsen felovina			
11/2	. 0	(decklare-	23. SUMATURE			
19.	19	9	Registrer	Tilles 69/9 Hax ford Rd Bate stored 11/21/4	6		

age

MADVI AND	CTATE	DEDADTMENT	OF	HEAT!	rı
MAKILAND	SIAIL	DEPARTMENT	Uľ	HEAL	п

2411 N. Charles St., Baltimore 640

10844

		CERTIFICAT	E OF DEATH	Reg. Di	at. No. 4/ Q
How long in above plan Hospital, Institution,	1725 Ltimore Co Coutside city or town lim ce of death? or street address where d		(For newborn infants gi	County Balt alk yor town limits, write RURAL hurch Road (Ifrural, give LOCATION)	imore
3. (a) FULL NAM	or institution?		2.(d) [[vereran, name war		al Security Number
J. (u) PULL NAM	The second secon	OMAS FRANKLIN THORN	E		7-7752
4. Sex M	5. Color or race	B.(a)Single, married, widowed, or divorced Married		DICAL CERTIFICAT	FION A.M.
7. Birth date of deceased (mo., day	, yr.) Dec. J,	1903	21. I CERTIFY that death occurre	d on the date above stated; that I i	attended deceased from
8. AGE: Yea 42	Months 11	Days of less than one day hrs	Chest & he	LOWND THRU HET	1
9. Birthplace	Reth. S	ounty, and state)	Due to		
12. Name	North	F. Thorne Carolina	Dther conditions	nancy within 3 months of death)	
14. Maiden nam 15. Birthplace	Lelia North	Boone Carolina	Major findings of operations		of 00.
16. Informant Mi		horne - widow Road, Dundalk - 22	Actopsy results	the cause to which death should	be charged atatistically.
17. Bu: (Burial, crematic	rial on, or removal. Which?) atory OAK LAW	Date thereof 12-1-46 (month) (day) (year) N CEMETERY	Accident, suicide, or homicide	ue to external causes, fill in the foll WICI 9 (City or town) (Cour	Date of 11- 27-40
Location	BALTIMORE	MARYLAND		public place (where?)	
18. Funeral director.	HENDY S	SANDER & SONS, INC.	20	22 CAL. PISTURFORD	ris maj.
19	30 19 46 registrar)	Q. M. Pedrick Registrar	23. SIGNATURE MES.		Date signed !!/ VJ / 4 b.

Ran	1	0	8	4	3			
Das	D:	-	N.	7.		3	7	2

2	2411 N. Charl	es St., Baltimore		K 4084	5
CE	ERTIFICAT	TE OF DEAT	TH	Reg. Dist. No	372
County City or town limits, write RURAL and giv How long in above place of death? Hospital, institution, or street address where death occurred.	prille &	State	Country of the control of the contro	nother) nly	estest town)
How long in hospital or institution?	1	2.40) II Veteran, name wa	15	3. (b) Social Security	
4. Sex (Scolor or race 6.(a) Single, married, widow Themale White Hido	wed, or divorced	20. DATE OF DEATH	1	ERTIFICATION	
6.(b) Name of husband or wife Jahren. Phillips 1 18 18 18 18 18 18 18 18 18 18 18 18 1	2) one day	and that I wast saw h L Immediate cause of des	19. 2 alive on 2/5	Um	DURATION
9. Birthplace Julian Hal (Town, county, and state) 10. Usual occupation Lumber 19	-	Due to	Sclero	vi,	6 ye
13. Birthplace Ireland	usney	Other conditions(Include		months of death)	
16. Informant Court M. School	L.	Autopsy results		Date of op	3 a A A A C - B
Address Aconic Ame Cord 17 Date thereof (month Cemetery or crematery Additional American Cord)	thi (day) (year)	22. VIOLENCE: If deat Accident, suicide, or hor	h was due to external cau	hich desth sheeld he charge uses, till in the tollowing; 	
Location Sultamore Hol 18. Funeral director Home Cooks Address St., Punk & Preston	st.	tnjured at home, farm, li Means of injury		injured at work?	
19. // 19 19. 46 A.M. See	hiocoles. Registrar	Address Cocke	unille		o, or other

H MARGIN RESERVED FOR BINDING

VS A15



2-370.

1-10

MARGIN RESERVED FOR BINDING

PLEASE WRITE

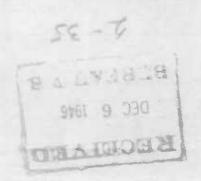
SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13760

10846

	Reg. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
CHY ON TOWN AND CHRONE	State Mild County And Live
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town. Addlessed
Hospital, Institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)
A. S.	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Horace Elie Vris	3. (b) Social Security Number
4, Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m w married	20. DATE OF DEATH AUCUMBERS 22 1 1946 2121/5/21
6.(b) Name of husband or wite Bunger Mellie Bell	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	10 44 10 10 10 44
deceased (mo., day, yr.) Alex 15 186H	and that I last saw h
8. AGE: Years Months Days It less than one day	Immediate case of death
8/ //hrsmin.	
9. Birthplace (10wn, county, and state)	Oue Chronic prostatities
	V
1D. Usual occupation	Due to
11. Industry or business	
12. Name 12. Name 13. Birthpiace	Other conditions
	(Include pregnancy within 8 months of death)
14. Malden namp	Major findings of operations
E 15. Birthplace	Date of op.
16. Informant	Actopsy results PHYSICIAN: Please onderline the cause to which death should be charged statistically.
Address Candalistonia, M.	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, eremation, or removal, Whieh?) Date thereot. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Allenda Charles Comments	Where did injury occur?
Location And Last med	tnjured at home, farm, Industry, public place (where?)
1819 - 41 91 V	Means of Injury Injured at work?
18. Funeral director	0 0-0-1
Address Chapter Mills	23. SIGNATURE En Martina
19. (Date rec'd by registrar)	Address and allstorn Date signed 1/2 2/46



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 300



1. PLACE OF DE	Baltim	ore		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town	Catons outside city or town e of death? 1 r street address where Grove S or institution? 1	ville imits, write F 4 days death occurrent tate Ho	URAL and give nearest town)	Street No. 823 Bond Street (If ryral give LOCATION) 2.(a) If veteran, name war.		
3. (a) FULL NAM		mesubl	Jrbanski	3. (b) Social	Security Number	
4. Sex male	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIFICAT		
7. Birth date of		6.(c) If alive, give ageyears	2t. I CERTIFY that death occurred on the date above stated; that I at October 21 19.46 to Novand that I last saw h. im alive on November 4	zenber 419.46	
deceased (mo., day, 8. AGE: Year	months Months	Days 22	If less than one day	Immediate cause of death Chronic myocarditis	Indefinit	
9. Birthplace			aryland	Due to Chronic alcoholism	***************************************	
10. Usual occupation 11. Industry or busine 12. Name	willi Polan	ant Mar em Uban d beth ?	ine Urbanski	Oue to Central Nervous System syst		
Address	Caton	sville-	ords 28, Varyland eof (month) (ddy) (year) and any	Autopsy results	wing:	
18. Funeral director Address 19. Chate rec'd by r	Lely Hod Foglistrar) 18	SIN A	alf of	Injured at home, farm, Industry, public place (where?) Means of Injury injured at 23. SIGNATUREI.BadoreTuerkM.D	M. D. or other	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

-	7
1 del-	F.1
1.40	CCTY.

	1	0	Q	1	Q	
Reg.	Di	at.	No	34	1	0

County Balto.		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
(If outside city or to How long in above place of death? Rospital, institution, or street address w	wn limits, write RURAL and give nearest town)	Catonsville (If outside city or town limits, write RURAL and give nearest town) 28 N° Symington Ave. (If rurnl, give LOCATION)		
How long in hospital or institution?		2.(a) If veferan, name war		
3. (a) FULL NAME	EREMA G. WETZEL	3. (b) Social Security Number		
4. Sex 5. Color or race Female White	6.(a)Slogle, married, widowed, or divorced Widow	MEDICAL CERTIFICATION Nov. 9, 1946 20. Date of Death		
7. Right date of		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/20 19./6., to //-9 19./6.		
deceased (mo., day, yr.) 8. AGE: Years Months 58	June 10, 1888 Days It less than one day 29 hrs. min.	Immediate cause of death DURATION 2 Gents -		
10. Usual occupation	• Dunne	Oue to Malasteses to Oue to Malasteses to		
	iam J. Haid, Jr. son	Major fiadings of operations. We affectively. Date of op. Antopsy results. PHYSICIAN: Please underline the cause to which death abould be charged statistically.		
17 Burial (Burial, cremation, or removal. W Cemetery or crematory Meado		22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
	TICKNER & SONS o., Md. Plantage Registrar	Means of Injury Injured at work? 23. SIGNATURE Education was M.D. or other Address 3/3 N. Pace, Date signed 1-11-46		

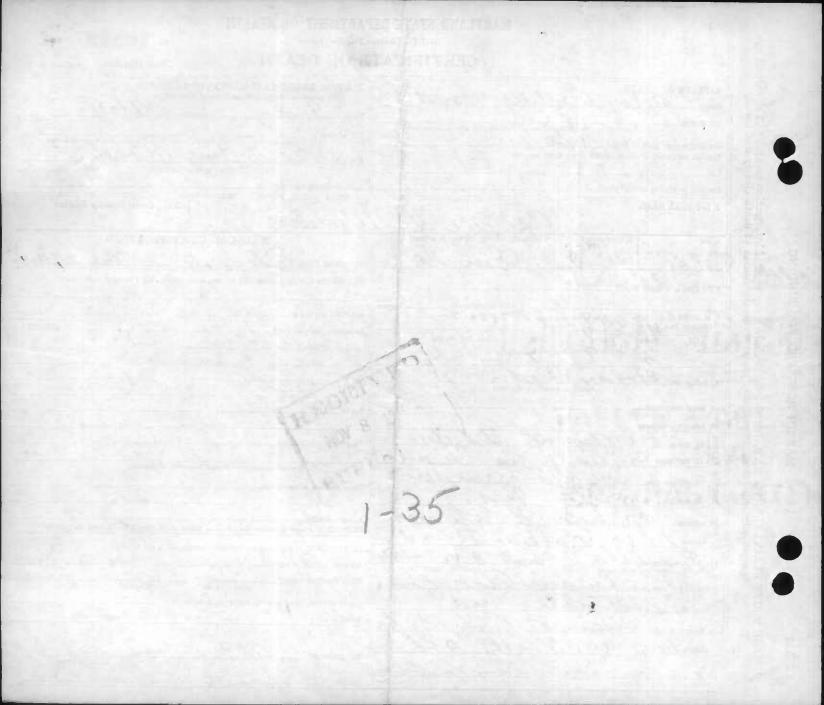
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10849

CERTIFICAT	Rog. Dist. No.
1. PLACE OF DEATH: County Read Read Read Read Read Read Read Read	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newporn infants give residence of mother) State County County City or town (If outside size or town limits, write RURAL and give nearest town) Street No. 530 (If rural, good LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(G)Single, married, widowed, or divorced	Wheeler gr.
Inale White Single	2D. DATE DF DEATH. 2007 19.24 6 at 12.45.M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
"years	
7. Birth date of deceased (mo., day, yr.) deceased (mo., day, yr.)	and that I last saw halive on
8. AGE: Years Months Days If less than one day 4 9 - 7	Immediato Que of death DURATION
8. Birihplace. Relay Mid. (Tawn, county, and state)	Due to Wallen left himeus
1D. Usual occupation.	Bus th
11. Industry or business	accided due to
12. Name Orthur I Sheeler.	Diher conditions a Real platform modey (Include pregnancy within 3 months of death)
14. Malden name Juez Fessenden:	(Include pregnancy within 8 months of death) Major findings of operations.
16. Informant arthur & Wheeler	Autopsy results
Address 1530 Rolling Road	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, cremation, or removal. Which?) Date thereof Nov. 7 - 1944 (month) (day) (year)	Accident, suicide, or homicid
Cemetery or crematory Landens Jones France	Where did injury occur? (City or town) (County) (State)
Location Ballimare Ma	Injured at home, farm, industry, public stace (where?)
Address / 600 W. North are.	Jumi W. Suffley
19. Market 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	Address U C O Lea C Date signed UT S
() adjusted	



2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

Reg. Dist. No.

3. (b) Social Security Number

DURATION

PHYSICIAN

Please underline

the cause to which death should be charged statisti-

	Dig.	1		
١			1	
)	7		1	
	"		1	

supplied. County pe

carefully.

information should c

Every item of i

NFADING INK. Physicians: please

Y, WITH important

PLAINLY, especially in

WRITE 1 ect age is

correct

SE

1. PLACE OF DEATH:

(If outside city or town limits, write RURAL NEAR and give town) Street address, hospital, or institution:

Stay in this community (yrs., or mos., or days) ___

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

(If optside city or town limits, write RURAL NEAR and give town)

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3.(a) FL	JLL NAME				01	
		ma		7	15%.	7
	_	0 00	~		- na	~~
A Soy	1	Color or room	1 R (m) Cla	ale married wie	boosesile se bowel	

B(c) If elive, give age 7. Birth date of

deceased (mo., day, yr.) 8. AGE: Days

9. Birthplace.

(Town, gounty, and state) 10. Usual occupation

11. Industry or business

13. Birthplace

15. Birtholace

(Date rec'd by registrar)

MEDICAL CERTIFICATION

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

and that I last saw h_

Immediate sause of death

(Include pregnancy within 3 months of death) Major findings:

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.

Where did injury occur?__ (City or town) (County) (State)

injured at home, farm, industry, public place (where?) __

Means of injury Injured at work?

M. D. or other

BINDING FOR MARGIN RESERVED



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940/



2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Naryland Baltimore		
City or town Pikesville Parms (If outside city or town limits, write RURAL and give nearest town)		
Street No. Nelson Road		
(If rurai, give LOCATION)		
2.(a) If veteran, name warunknown		
3. (b) Social Security Number		
MEDICAL CERTIFICATION		
Newwhom 30 46 2230P		
20. DATE OF DEATH November 30, 1946 , 1/2 30 PM		
21. I CERTIFY thet death occurred on the date above stated; the dieded deceased from		
and that I last saw h. W. alive on W. 12 19 19 19 19 19 19 19 19 19 19 19 19 19		
and that I last saw h		
Immediate cause of death		
worden occurrent when		
Due to Commendation College 2		
Protection 1		
Other conditions (D) VIA 1 to FALLS And A		
Other Conditions		
(Include pregnancy within \$ months of death)		
Major findings of operations		
_ Date of op,		
Antopay results		
PHYSICIAN: Please underline the cause to which death should be charged statistically.		
22. VIOLENCE: If death was due to external causes, fill to the following;		
Accident, suicide, or homicide		
Where did injury occur? (City or town) (County) (State)		
(City or town) (County) (State)		
Means of Injury Injury Injured at work?		
6 C 9 1 9, X		
Los Cos Milhala WW.		
23. SIGNATURE M. D. or other		
Address Pikesvill 8 ma Date signed 1.2-2-46		

Contraction of the text course, sending

M. Jan Miller Miller Mill

ERCEIVE OF DEC 3 1946

BUREAU

PLEASE

MADVIAND	CTATE	DEPARTMENT	OF	UCAITU-
MARILAND	SIAIL	DEFARIMENT	UF	DEALID

2411 N. Charles St., Baltimore

930

10852

CERTIFICATE OF DEATH

Reg. Diat. No. 4

State South And	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or form. A property of the control in the cont		
Street 16. C.	(If outside city or town limits, write RURAL and give nearest town)	
Now long in hospital or Institution? 3. (a) FULL NAME Walter E. Willtison 3. (b) Social Security Number 3. (c) FULL NAME Walter E. Willtison 3. (c) Social Security Number 3. (d) Social Security Number 3. (e) Hallow give LOCATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION 20. DATE DE DEATH NO. Y. 19 4 19 4 19 4 19 4 19 4 19 4 19 4 19	How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Row long in bospital or lestifusion? 3. (a) FULL NAME Wa /tev E. Wi//12/502 4. Sax 5. Color or race B. (a) Single, married, viceved, or directed May /tev E. Wi//12/502 4. Sax 5. Color or race B. (a) Single, married, viceved, or directed May /tev E. Wi//12/502 7. Both date of wife. 1. Industry or business 1. Both date of wife. 1.	Hospital, institution, or street address where death occurred:	Street No. Glenwood Itve
3. (a) FULL NAME 2. (b) Social Security Number 2. (c) 18 and of humband or race 3. (b) Social Security Number 3. (c) 18 and 18 (c) Single, married, widowed, or divorced MEDICAL CERTIFICATION 4. (c) Manne of humband or wife 5. (c) Halive, give age 7. Birth date of deceased from 6. (d) Halive, give age 7. Birth date of deceased from 7. Birth date of deceased from 8. AGE: Vester Months 8. AGE: Vester Months 9. Birthplace 10. Usual occupation. 11. Industry or business 12. Name 13. Arthorous Scales 14. Social Security Number 2. 11. Industry or business 15. Birthplace 16. (c) Halive, give age 7. Birth date of deceased from one day 18. Interest Man one day 19. Manne Male Conditions 10. Usual occupation. 11. Industry or business 12. Name 13. Birthplace 14. Andrews 15. Birthplace 16. (c) Halive, give age 7. Birth date of deceased from one day 16. (c) Halive, give age 7. Birth date of deceased from one day 18. Interest occupation. 19. Male of Deceased from one day 20. NOTE of Deceased from one day 21. Industry that decease do the date shows street; that I altended deceased from one day 19.	Middle Miver	
Solve or race Solve or race	How long In hospilal or Institution?	2.(a) If veleran, name war
8. Solve or race Male Mite Signification Signif		
MEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION 18. (a) Single, married, wildowed, or divorced MEDICAL CERTIFICATION 19. (a) Single, married, wildowed, or divorced MEDICAL CERTIFICATION 19. (a) Single Single, married, wildowed, or divorced MEDICAL CERTIFICATION 19. (a) Single Single, married, wildowed, or divorced MEDICAL CERTIFICATION 19. (a) Single Singl	Walter E. Willing	319-14-1378
8. (b) Hame of husband or wife 7. Birth date of deceased (mo. day, yr.) 8. AGE: Veare Months 10. Usual occupation. 8. Birthplace 11. Industry or business 12. I Lerniff That death occurred on the date above stated; that I altended deceased from the date above stated. 21. I CERTIFT that deat		MEDICAL CERTIFICATION
8. (b) Hame of husband or wife 7. Birth date of deceased (mo. day, yr.) 8. AGE: Veare Months 10. Usual occupation. 8. Birthplace 11. Industry or business 12. I Lerniff That death occurred on the date above stated; that I altended deceased from the date above stated. 21. I CERTIFT that deat	Male White Single	20. DATE OF DEATH NO Y / Y & 19 46 at / P
7. Birth date of deceased (mo., day, yr.) 8. AGE: Yeare Months Days II less than one day 7. Birthplace. L. G. Months Days II less than one day 8. AGE: Teare Months Days II less than one day 10. Usual occupation. L. E. T. L. E. G. T. C. T. Y. C. T. T. L. E. G. T. C. T. Y. C. T. T. L. E. G. T. C. T. Y. C. T. T. T. E. G. T. T. L. E. G. T. T. L. E. G. T. T. L. E. G. T. T. T. T. E. G. T.		
T. Birth date of decessed (mo, day, yr.) 8. AGE: Yeare Months Days II lese than ood day 8. Sirthplace. Ballow, country, and state) 10. Usual occupation. Country, and state) 11. Industry or business Balfo. Colly Manager Baltoniae 12. Name Manager Balfo. Colly Manager Baltoniae 13. Birthplace Balfo. Colly Manager Baltoniae 14. Maiden name. Baltoniae 15. Birthplace Balfo. Colly Manager Baltoniae 16. Unclude pregnancy within 3 months of death) 18. Informant. M. Baltoniae 19. Manager Baltoniae 10. Usual occupation. Colly Manager Baltoniae 11. Industry or business 12. Name Manager Baltoniae 13. Manager Baltoniae 14. Maiden name. Baltoniae 15. Birthplace Balfo. Colly Manager Baltoniae 16. Unclude pregnancy within 3 months of death) 18. Informant. M. Baltoniae 19. Manager Baltoniae 19. Manager Baltoniae 19. Manager Baltoniae 10. Unclude pregnancy within 3 months of death) 10. Major Biodings of operations. 11. Manager Baltoniae 12. VIOLENCE: If death was due to external causee, fill in the following: 11. Manager or crematory or removal, Whichi) 12. Funeral director Family occur? (City or town) (County) (State) 13. Funeral director Family occur? (City or town) (County) (State) 14. Manager Baltoniae 15. Sirthplace 16. Manager Baltoniae 17. Manager Baltoniae 18. Funeral director Family occur? (City or town) (County) (State) 19. Manager Baltoniae 19. Manage		6c+ 10 19.46 10 NOV 14 19.46
deceased (mo. day, r.i.) 8. AGE: Yeare Months Days II less than oos day 10. Usual occupation	7. Birth date of 7. Bir	
8. 8irthplace		
8. 8irthplace	O. AGL.	
10. Usual occupation. It is a series of the conditions of the conditions of the conditions of the conditions of the conditions. 11. Industry or business	66 !hrsmlo.	A
10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Co. 17d. 17d. Major fieldings of operations. 18. Informant. 18. Informant. 19. Address 19. Actopsy results. PHYSICIAN: Please onderline the caose to which death should be charged statistically. 20. VIOLENCE: If death was due to external causee, fill in the following: 17. Competery or crematory. 18. Funeral director. 19. Funeral direc	8. 8irthplace Ba / to Co / 1 d	Due to A Yt cristour die Cardia mula Ches 3
Dither conditions 12. Name		Due to Clevelis aluss aluss 3
14. Maiden name 12. 12. 14. Major fieldings of operations. 18. Informant 12. 12. 12. 12. 12. 12. 12. 12. 12. 12.	11. Industry or business Balto. City Md.	
14. Maiden name 12. 12. 14. Maiden name 13. 15. Birthplace 13. 16. Co. 19. 16. Informant 14. 15. Birthplace 15. Birthplace 16. Co. 19. 16. Informant 14. 15. Birthplace 17. 16. Informant 15. Birthplace 17. 16. Informant 16. Inf	I 12 Name Wm 5 Wiltinson	Dither conditions
14. Maiden name 12. 12. 14. Major fieldings of operations. 18. Informant 12. 12. 12. 12. 12. 12. 12. 12. 12. 12.	13. Birtholace Balto. Co. 14d	
Major fiedings of operations. 18. Informant	~ 1/.	(Include pregnancy within 3 months of death)
Actopsy results. PHYSICIAN: Please onderline the cause to which death should be charged statistically. Actionsy results. PHYSICIAN: Please onderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causee, fill in the following: Accident, euicide, or homicide. Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Meene of injury injured at work? Actopsy results. PHYSICIAN: Please onderline the cause to which death should be charged statistically. PHYSICIAN: Please onderline the cause to which death should be charged statistically. Actopsy results. PHYSICIAN: Please onderline the cause to which death should be charged statistically. Actopsy results. PHYSICIAN: Please onderline the cause to which death should be charged statistically. Actopsy results. PHYSICIAN: Please onderline the cause to which death should be charged statistically. Actopsy results. PHYSICIAN: Please onderline the cause to which death should be charged statistically. Actopsy results. PHYSICIAN: Please onderline the cause to which death should be charged statistically. Actopsy results. PHYSICIAN: Please onderline the cause to which death should be charged statistically. Actopsy results. PHYSICIAN: Please onderline the cause to which death should be charged statistically. Action of the physician of the cause of the cause to which death should be charged statistically. Action of the physician of the cause of the cause of the physician of the physician of the cause of the physician of the cause of the physician of the ph		Major fiedings of operations
Address Ca Vol	\$ 15. 8 irthplace /3a / To. Co. / d.	Dale of op.
Address Ca You Sland Td. 22. VIOLENCE: If death wae due to external caueee, fill in the following; 17. (Burial, cremation, or removal. Which?) Cemetery or crematory O Y E 200 Method of the control o	18. Informant Mr. Beyon WI Tin Dom	Actorsy results
17. (Burial, cremation, or removal, Which?) Cemetery or crematory Ox County (day) (year) Location Bac to O Manual Manua	Address Carroll Island Rd.	
Cemetery or crematory Ox Exam Method is the addistance where did injury occur? (City or town) (County) (State) Location Balan Funeral director Factors 7401 Belain Balan Bala	17 Burial Bate thereof 1/17/46	
Location 3 = 1 to 6 Meene of injury Injured at work? 18. Funeral director Francisco F		
18. Funeral director Fassan Line Thomas Thomas Meene of injury Address 7401 Below Rd. 23. SIGNATURE Leve and Brill N.D. M. D. or other	Cemetery or crematory Ox E 244 / Lethod 15	Where did Injury occur? (City or town) (County) (State)
Address 7401 Belair Pal. Address 7401 Belair Pal. 23. SIGNATURE Length Baill N.D. M. D. or other	Location Balto Co Md	
M. D. or other	18. Funeral director Tassalum Tasmeral Thank	Meene of injury injured at work?
M. D. or other	Address 7401 Belain Gd.	23 SIGNATURE Lenal Brill M.D.
	19. Water red by recistrar) 19. 4 6. John S, Cornelly	Address & 26 1/ Washingth of Date signed Man 14,1916

DEC 4 1946

2-440- 2-10

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

CERTIFICATE OF DEATH

118.3 vo. 430 Reg. Dist. No....

1. PLACE OF DEATH: Ceunty	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Calar ar race 6.(α) Single, married, widowed, ar divarced Male white Married 6.(δ) Name of husband or wife Elsie Wilson 6.(c) If alive, give age years 7. Birth date ef	MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Lest 22 19 45 10 20 14 19 46 and that I last saw h 19 46
deceased (me., day, yr.) 8. AGE: Years Months Days if less than one day Solution Solutio	Due to Contenda regliaselers;
12. Name Ben Wilson 13. Birthplace Balto Co Mul 14. Malden name Len we Anwas 15. Birthplace Balto Co Mul 16. Informant Mrx C w Wilson Address Lincoln Gre Fullerton	Other conditions
17. Burial Date thereof ("118 146 (Barial, cremation, or removal. Which?") Cemetery er crematory Bulto Multiple Cecation 18. Funeral director Dasa a fun Junual Home	22. VIOLENCE: If death was due to external caoses, fill in the following; Accident, suicide, or homicide
Address 740/ Belair Rd 19. 7m - 15 (Date rec'd by registrar) 18 46 MA Q. L. Reifsmidw Registrar	23. SIGNATURE M. D. or other Address Rege Red Balt - 6 Med Date signed Med My fifty



2411 N. Charles St., Baltimore 49-rd

				2
FRTIFI	CATE	OF	DE	HTA

Reg. Dist. No..

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Ding dalk	State 21 day County B alternation		
(If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, writs RURAL and give nearest town)		
How long in above place of death?	11 11 11 11		
Mospital, matitution, or affect addition white death observed	Street No. 71 00 MASSIME COMMENT (If rural, give LOCATION)		
How fong in hospital or institution?	2.(a) If veteran, name war		
3.(a) FULL NAME Voseph. S. Ul roble	ULSKI. 3. (b) Social Security Number		
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male White Widowed	20. DATE OF DEATH NOVEMBER 30 18 46, at 10 Am		
6.(6) Name of husband or Affe. Julia Mashlewski	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from FEBRUARY 19 46, to NOVEMBER 18 46.		
7. Birth date of 7. 1. 1. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	and that I fast saw h. 1 M. alive on NOVEMBER 15 19 46		
deceased (mo., day, yr.) α/α	Immediate cause of death		
8. AGE: Years Months Days It tess than one day	HEART FAILURE 3 MO		
/8hrsmin.	ARTERIO SCLEROTIC HEART DISEASE ?		
9. Birthplace	Due to.		
19. Usual occupation Confession Italian	Que to.		
11. Industry or bosiness			
12. Name La Sur Maroblowoki	Other conditions CARCINOMA OF LEFT LUNG ?		
	(Include pregnancy within 3 mouths of death)		
14. Malden name Down Henry 15. Birthplace Germany	Major findings nf operations		
15. Birthplace Germany	Date of op.		
16. Intermed adam Masherwell	Autopsy results		
Address 7 5 00 Martell come	22. VIOLENCE: If death was due to external causes, fill in the following:		
17 Busial Date thereof Dec 3/1946	Accident, suicide, or homitide		
(Burial, cremation, or removed. Which?) Date thereof (month) (day) (year)	Where did interv occur?		
Cemetery or crematory	(City or town) (County) (State)		
Location	Means of thiury Injured at work?		
18. Funeral director Allruch Trusulpare Nouse	N/-// @ \a /a /a /a /a		
Address 2008 arleans UT	23. SIGHATURE J. Teflow ("Yuacksware M. D. or other		
13. Alex 2 19. 46 G. W. Idellus (Date ree'd by registrar) Registrar	to 1911 Holaland line 20190194		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

A15 SA

toldo-